P07000/30/25

(Requestor's Name)
(Address)
(Address)
(13.132)
(6) 10)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinoit Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



000144365700

03/02/09--01014--018 **43.75

09 MAR 19 PH 4: 05
SECRETARY OF STATE
SALL AHASSEE FLORID

Avendrent 03-23-09 De



March 9, 2009

STEVEN KAZIMIROV 21000 BOCA RIO ROAD #A14 BOCA RATON, FL 33433

SUBJECT: NEMIX CORP Ref. Number: P07000130125

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

NOTE: PLEASE CHOOSE ONLY ONE SELECTION UNDER "ADOPTION OF AMENDMENTS".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 109A00007940

RECEIVED

2009 MAR 19 AM 8: 00

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Nemix	Corporation	·
DOCUMENT NUMBER:	PO 700	0130(25	· >
The enclosed Articles of Amendme	nt and fee are sub	omitted for filing.	
Please return all correspondence co	ncerning this mat	ter to the following:	
Steve	n Kaz	AMI OU tact Person)	
	(Name of Con	tact Person)	
<u>Nemix</u>	Corpor (Firm/Co	oration mpany)	
2000	BOCA (Addr	ess)	#A14
BOCA	RATO N (City/ State an	J FL 32 d Zip Code)	3433
For further information concerning			
Steven Kazimir (Name of Contact Person)	oV	at (<u>286</u>) <u>931 -</u> (Area Code & Daytime	9838 Telephone Number)
Enclosed is a check for the following	ng amount made p	payable to the Florida Dep	eartment of State:
\$35 Filing Fee \$43.75 Filing Certificate o	g Fee & [f Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to
Articles of Incorporation
of Of Theorem of Theorem of The Theorem of The Theorem of Theorem
Nemix Com
(Name of Corporation as currently med with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1) 01 + A 14
BOCA RATON FL 33433
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1 In + AI4
BOCA RATON FL 3343
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent:
New Registered Office Address: (Florida street address)
<u>BOCA RA70N</u> , Florida <u>33</u> 433 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being "removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Address Type of Action **Title Name** ☐ Add ☐ Remove _____ 🗖 Add Remove _____ 🗖 Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: 02/0//09
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
All the amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) oy the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" ·
· (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 02-26-09
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Steven Kazimirov
(Typed or printed name of person signing) Poxillet
(Title of person signing)