P10000085120

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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: 2Fix Corp				
DOCUMENT NUMBERS	P10000085120				
The enclosed Articles of A	mendment and fee are sul	bmitted for filing.			
Please return all correspond	dence concerning this mat	ter to the following:			
		Kevin Palacios Nodal			
	Name of Contact Person				
	2Fix Corp	p			
	Firm/ Company				
	14135 SW 147th CT				
		Address	_		
	Miami, FL, 33196				
		City/ State and Zip Code	:		
	kevin_santalucia@ho	tmail.com			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information cor	seeming this matter, pleas	e call:			
Kevin Palacios No	odal	at (
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

(Alter Tall)

Articles of Amendment to Articles of Incorporation of

2Fix Corp		
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P10000085120		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the follow	ving amendment(s)
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mu	abbreviation
B. Enter new principal office address, if applicable:	N/A	F 23
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		APR
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
C. Enter new mailing address, if applicable:	2112	- F
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
·		
		œ
	-	
D. If amending the registered agent and/or registered office ad		
new registered agent and/or the new registered office addre	ess:	
Name of New Registered Agent N/A		
(Florida)	street address)	_
New Registered Office Address:	Florida	
		ip Code)
	(City) (Z	ip Code)
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent. I am familia		n.
	•	
	0	
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)

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President: T= Treasurer; S= Secretary: D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address .
1) Change	D	Danis Marin	25420 SW 124 PL
Add			Homestead, Fl., 33032
X Remove			
2) Change	CEO	Angel M Perez	5612 NW 206 LN Lot 890
		•	Miami Garden, FL, 33055
X Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		_	
Add Remove			

. <u>lfa</u>	mending or adding additional Articles, enter change(s) here:
(Att	ach additional sheets, if necessary). (Be specific)
	
	
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If s	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>D</u>	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremen document's effective date on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the am by the shareholders was/were sufficient for approval.	endment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and saction was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
2/20/2016	
Signature Signature	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)