## P140000 38235

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Amend

JUL : 0 2019 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ALLENIXX, INC.		
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ANDREW OCEAN		
		Name of Contact Person	n
	UNITED BRANDS		
		Firm/ Company	
	6260 C DUPONT STATION	COURT	
		Address	···
	JACKSONVILLE FL 3221	7	
		City/ State and Zip Cod	c
ANDI	REWOCEAN@UNITEDBRA	ANDS.BIZ	
	•	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call: at (	389-0000
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p		•
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ALLENIX, INC.			
(Name of Corporate	ion as currently filed wit	h the Florida Dept. of State)	
P14000038235			
(Docur	ment Number of Corporati	ion (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Florida Pi</i>	rofit Corporation adopts the fo	llowing amendment(s
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc." or "Co". A p		
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADI</u>	<u></u> DKE22 )		
			2015
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>3 Y</b> 1		
(mulling dualess MAT BE AT OST OTTICE BO	<u></u>		<del></del>
			<del></del>
			ِ ب <u>ِ</u> — چــــــــــــــــــــــــــــــــــــ
D. If amending the registered agent and/or register	red office address in Fla	rida antar the name of the	ခြင်
new registered agent and/or the new registered		rida, enter the hame of the	
Name of New Registered Agent			
	<del></del>		
	(Florida street address)		
N. B 100	,		
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Reg		J. 11: 0 6.1	
I hereby accept the appointment as registered agent.	i am familiar with and ac	ecept the obligations of the posi-	tion.
Sign	nature of New Registered 2	Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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 E	<del>loc</del>	
X Remove	V	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>smith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P,V,D	OIR	TIMOTHY ALLEN CULBERHOUS	8314 OLD PLANK RD
Add X Remove				JACKSONVILLE, FL 32220
2) X Change	P.S.T.	.DI从	NICHOLAS E. NICOLAIDES II	2858 DOWNING ST
Add				JACKSONVILLE, FL 32205
Remove				
3) Change				-
Add				
Remove				<del> </del>
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional A tach additional sheets, if necessar	v). (Be specific)	<del></del>		
<del></del>				
			<u>.</u>	
		•		
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				<del>, _ ,</del>
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				<del>-</del> '
an amendment provides for an e	vehange reelassificati	on or cancellation	of icenod charac	
rovisions for implementing the a	mendment if not cont	ained in the amend	ment itself:	
(if not applicable, indicate N/A)	)			
			<del></del>	
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		<del></del>		
				<u></u>

The date of each amendment(s)	adoption:	, if other than
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 document's effective date on the E	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
07/22/201 Dated		
Signature	11/1 5 x 1 1 1 1	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	NICHOLAS E, NICOLAIDES II	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>