## P150000047552

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	Outnix Inc		
DOCUMENT NUMBER	P15000047552 R:		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
Cr	ystal Duenas		
_		Name of Contact Person	n
Or	utnix Inc		
		Firm/ Company	_
35	O Lincoln Rd, 2nd Floor		
	iami Beach, FL 33139	Address	
		City/ State and Zip Cod	e
aduanaa	@outnix.com	,	
———			
	E-mail address: (to be us	sed for future annual report	nouncation)
For further information co	oncerning this matter, pleas	se call:	
Servando Lopez		305 at (	498-1738
Name of (	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	artment of State:
<b>\$35</b> 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		Ameno	Address  Important Section on of Corporations

## Articles of Amendment to Articles of Incorporation of

Outnix Inc	FILED
	as currently filed with the Florida (PSpC) 6 State) PM 4: 14
P15000047552	
Documen	SECHETARY OF STATE  It Number of Corporation (if known TALL AHASSEE, FLORIDA
Pursuant to the provisions of section 607, 1006, Florida St its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable:	350 Lincoln Rd, 2nd Floor Miami Beach, FL 33139
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	350 Lincoln Rd, 2nd Floor Miami Beach, FL 33139
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registo	orad Agant
	m familiar with and accept the obligations of the position.
Signatu	are of New Registered Agent, if changing
Signau	so of from formittee figure, if ommitting

## 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 <math>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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	cro	Sean Cosentino	9 Country Club Rd
Add			Key Largo, FL 33037
X Remove			
2) Change	- <u>-</u>	_	
Add			
Remove			
3) Change			
Add			
Remove			·
4) Change			
Add		-	
Remove			
5) Change			
Add			
Remove			
6) Charac			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(De specific)
<del>-</del>	
-	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an

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 requirements, this date will not be listed as a document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by 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.
September 28, 2015
Signature WATA VALLEY
(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)
Crystal Duenas
(Typed or printed name of person signing)
CFO
(Title of person signing)