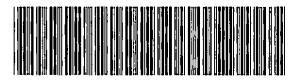
P15000100714

| (Requestor's Name) | | |
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| PICK-UP WAIT MAIL | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: NUJENIX CORP | | - APRILLED | | |
|--|-------------------------------------|--|---|--|--|
| | JMBER: P15000100714 | | | | |
| The enclosed Artic | cles of Amendment and fee are su | bmitted for filing. | | | |
| Please return all co | orrespondence concerning this ma | itter to the following: | | | |
| | EIAL GOLAN | | | | |
| | | Name of Contact Persor | 1 | | |
| | NUJENIX CORP | | | | |
| | | Firm/ Company | | | |
| | 2055 KEYSTONE BLVD | | | | |
| | | Address | | | |
| | MIAMI FL 33181 | | | | |
| | | City/ State and Zip Code | | | |
| | YALIGOLAN@GMAIL.COM | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further inform | ation concerning this matter, pleas | se call: | | | |
| YALI GOLAN | | at (305 | 305-4850 | | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a chec | k for the following amount made | payable to the Florida Depa | artment of State: | | |
| S35 Filing Fee | e | S43.75 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 Tallahassec, FL 32314 | | Amend Divisio The Co 2415 N | Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 | | |

Articles of Amendment to Articles of Incorporation of

| 0 | |
|--|---|
| NUJENIX CORP | |
| (Name of Corporation as current | tly filed with the Florida Dept. of State) |
| P15000100714 | |
| (Document Number of | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| N/A | The new |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: | "company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word |
| (Principal office address MUST BE A STREET ADDRESS) | 5851 NW 59 ST |
| | MIAM LAKES FL 33014 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres | |
| Name of New Registered Agent | |
| tFlorida st | treet address) |
| | ice aun can |
| New Registered Office Address: | (City) , Florida (Zip Code) |
| | • |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | t: with and accept the obligations of the position. |
| 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

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

| X Change | <u>PT</u> | John Doe | | |
|-------------------------------|--------------|---------------------------------------|-------------------------|--|
| X Remove | <u>V</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | <u>P</u> | SEKYERE MICHAEL | WHITE CROSS KASOA RD | |
| Add | | · · · · · · · · · · · · · · · · · · · | ACCRA GHANA WEST AFRICA | |
| X Remove | | | | |
| 2) X Change | PS | GOLAN EIAL | 5851 NW 159 ST | |
| Add | | | MIAMI LAKES FL 33014 | |
| Remove Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| (Attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exch | ange, reclassification, or cancellation of issued shares, |
| | |
| provisions for implementing the amer | ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
| provisions for implementing the amer | ndment if not contained in the amendment itself: |
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| The date of each amendment(s) ad | option: | , if other than the |
|---|--|------------------------------------|
| date this document was signed. 10/1/ | 2021 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | (no more than 90 days after amenament fue date) | |
| Note: If the date inserted in this bl document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, to partment of State's records. | his date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adopaction was not required. | oted by the incorporators, or board of directors without shareholde | er action and shareholder |
| ■ The amendment(s) was/were adop by the shareholders was/were suf | oted by the shareholders. The number of votes east for the amend ficient for approval. | ment(s) |
| | oved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s) | |
| "The number of votes cast f | or the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| Dated | 7/2021 | |
| (By a dir | ector, president or other officer - if directors or officers have not | |
| | by an incorporator – if in the hands of a receiver, trustee, or othe d fiduciary by that fiduciary) | r court |
| 1 | EIAL GOLAN | |
| - | (Typed or printed name of person signing) | |
| 1 | PRESIDENT | |
| - | (Title of person signing) | |