P16000076589

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Brix N Stix, Inc				
DOCUMENT NUMBER: P16000076589				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
В	arbara Lilley			
<u> </u>	Name of Contact Person			
-		Firm/ Company		
7	17 N D Street			
<u>-</u>	Address			
L	ake Worth Beach FL	33460		
_		City/ State and Zip Code	:	
<u>b</u>	arb@barblilley.com E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Barbara Lilley				
Name of	Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for t	the following amount made p	payable to the Florida Depa	irtment of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. F	ng Address dment Section on of Corporations Box 6327 lassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of Brix N Stix Inc (Name of Corporation as currently filed with the Florida Dept. of State) P16000076589 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (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

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.

Change	<u>PT</u> <u>John</u>	Doe	
_ Remove	<u>V</u> <u>Mike</u>	: Jones	
Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>CEO</u>	George Robins	123 S J ST
Add			Lake Worth Beach FL 33460
X Remove			
2) X Change	<u>CEOP</u>	Barbara Lilley	717 N D ST
Add			Lake Worth Beach FL 33460
Remove 3) Change	<u>s</u>	George Robins	123 S J ST
X Add			Lake Worth Beach FL 33460
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	,
-	
an amendment provides for an orgh-	
provisions for implementing the amenda	ge, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:
(if not applicable, indicate N/A)	amendment itself:

The date of each amendment(s) adoption: <u>JULY 5TH, 2023</u>	, if other than the
date this document was signed.	
Effective date if applicable: JULY 5TH, 2023	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
X The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	ection and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by" (voting group)	
Signature (By a director, president or other officer – if directors or officers have not been delegated by an incorporate of if in the hands of a continuous statement of the st	en .
selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	ourt
BARBARA LILLEY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	