## P21000043705

(Red	questor's Name)	
(Add	dress)	<u> </u>
(Add	dress)	
(Cit	y/State/Zip/Phone	<u>#</u> )
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J Kinsey

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ELIXRIV INC		
	BER: P21000043705		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	ntter to the following:	
	TREVOR MARTIN		
	ELIXRIV INC	Name of Contact Person	n
	<del></del>	Firm/ Company	
	116 BURNING TREE LAN	E .	
		Address	
	BOCA RATON, FLORIDA	33431	
		City/ State and Zip Cod	e
	INFO@ASGTAX.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas		847 0210
	of Contact Person	at (561	
wante	or Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ELIXRIV INC	**
	currently filed with the Florida Dept. of State)
P21000043705	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
name must be distinguishable and contain the word "corpo". "Inc.," or Co.," or the designation "Corp," "Inc," of "chartered," "professional association," or the abbrevia	The new ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2021 JUL 26 A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office.	ffice address in Florida, enter the name of the address:
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	d Agent: Camiliar with and accept the obligations of the position.
Signature	of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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)	Title	Name	Address
1) Change	VP	JACOB SLAVINSKI	9128 ROAN LANE
X Add			WEST PALM BEACH, FL 33430
Remove			
2) Change		<del>-</del>	
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articutach additional sheets, if necessary).	(Be specific)	
	-	
_		
on om		
rovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
··		

The date of each amendment(s) a date this document was signed.	doption: if other the	hạn the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this I document's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.	l as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
-	(voting group)	
JULY 16, 2 Dated	021	
Signature	m/2	
30100101	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	TREVOR MARTIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	