P22000015733

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SECRE LARY OF STATE

J12/5/2022

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations **BRIZIT INC** NAME OF CORPORATION: __ P22000015733 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sonia Becerra Name of Contact Person **Swyft Filings** Firm/ Company 3 Greenway Plaza #1320 Address Houston, TX 77046 City/ State and Zip Code accounts@cenithub.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (____877__) _____Area Code & Daytime Telephone Number Sonia Becerra Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation of

FILED

2022 AUG 23 PM 3: 30

BRIZIT INC

(Name of Corporation as currently filed with the Florida Dept. of State)CRETURY OF STATE TALLAHASSEE, FL

(Document Number of Corporation (if known)

nt(s) to

Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Florida Profit Con</i>	<i>poration</i> adopts the following amendme
A. If amending name, enter the new name of the c	orporation:	
name must be distinguishable and contain the word "c" Inc., " or Co.," or the designation "Corp," "Inc.		
"chartered," "professional association," or the abbre		portuon name musi comun ine word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	e: DRESS)	
C. P.A	- • •	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	<u></u>	
D. If amending the registered agent and/or registe		ter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent		
····	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		e obligations of the position.
XSign	ature of New Registered Agent, if	- ch maring
Check if annlicable	шше ој нев кедімегей куст, у	changmg

[☐] 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) 1) Change Add	<u>Title</u> DIR	Name KARTHEEK BONDUGULAPATI	Address 1615 S CONGRESS AVE, SUITE 103 DELRAY BEACH, FL 33445
X Remove 2) Change	DIR	NIZAM KHAN M ABDUL SOOFI	1615 S CONGRESS AVE, SUITE 103
Add X	···-		DELRAY BEACH, FL 33445
Remove 4) Change Add			
Remove 5) Change Add		_	
Remove 6) Change Add			
Remove			

(Attach additio	or adding additional A conal sheets, if necessary,	. (Be specific)				
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. <u>If an amendm</u>	nent provides for an ex	change, reclassific	ation, or cancella	ation of issued sha	res.	
provisions to (if not ap	or implementing the an opticable, indicate N/A)	nendment it not co	ntained in the ar	nendment itself:		
		.				

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The date of each amendment(s) adoption:	08/04/2022	, if other than the
date this document was signed.		, it outer than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendor approval.	dment(s)
	the shareholders through voting groups. The following ing group entitled to vote separately on the amendment(s	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by		
(1	voting group)	
Dated 10 - 40G	- 2022	
Signature A. Muell	Tauss-	
(By a director, pr	resident or other officer - if directors or officers have no	
	ncorporator - if in the hands of a receiver, trustee, or oth	er court
appointed fiducion	ary by that fiduciary)	
_Am	DAR MICOL ZAIER PARCIES	
	(Typed or printed name of person signing)	
	irector	
	(Title of person signing)	