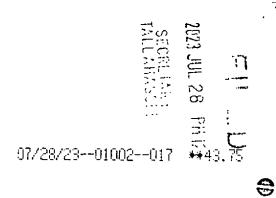
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(Requestor's Nam	ne)			
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PICK-UP WAIT	MAIL			
(Business Entity N	Name)			
(Document Number)				
Certified Copies Certifica	tes of Status			
Special Instructions to Filing Officer:	J. HORNE			
	JUL 2 8 2023			
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Office Use Only



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COVER LETTER

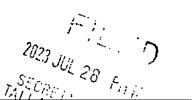
TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION:	BIXEX CORPORATION			
OCUMENT NUMBER: P23000003691					
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	atter to the following:			
		Name of Contact Person	n		
<u></u>	KOMINITI				
	Firm/ Company				
	620 SOUTHPOINT DR S STE 511				
	Address				
_	JACKSONVILLE, FL 32216 City/ State and Zip Code				
		•			
		MCRECOVERY@GMAIL sed for future annual report			
	E-man address. (to be us	sed for future aminar report	nouncation)		
For further information c	oncerning this matter, pleas	se call:			
		at (265-0765		
Name of 0	Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the	ne following amount made	payable to the Florida Dep	artment of State:		
S35 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)		
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of





(Name of Corporation as currently filed with the Florida Dept. of State).

P2300003691

(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:

KOMINITI, INC.

The new 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)

new registered agent and/or the new registered office address:

Name of New Registered Agent

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

New Registered Office Address: ________, Florida

(Florida street address)

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)

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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific) If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	
<u>provisions for implementing the amendment if not contained in the amendment itself:</u>	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	-
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provisions for implementing the amendment if not contained in the amendment itself:	
<u>provisions for implementing the amendment if not contained in the amendment itself:</u>	
(if not applicable, indicate N/A)	
	
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The date of each amendm date this document was sign		, if other than the
Effective date <u>if applicable</u>	le:(no more than 90 days after amendment file date)	 -
	in this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	l not be listed as the
Adoption of Amendment((S) (CHECK ONE)	
■ The amendment(s) was/vaction was not required.	were adopted by the incorporators, or board of directors without shareholder action and	i shareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.	
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):	
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	7/27/2023	
Signature		
	(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)	
	NWANEGBO, ETHELBERT	
	(Typed or printed name of person signing)	
	PRESIDENT (CDP)	
	(Title of person signing)	