## P23000037522

| (Re                     | equestor's Name)    | <del></del>  |
|-------------------------|---------------------|--------------|
| (Ac                     | idress)             | -            |
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| PICK-UP                 | ☐ WAIT              | MAIL         |
| (Bu                     | siness Entity Nan   | ne)          |
|                         | ·                   | ,            |
| (Do                     | cument Number)      |              |
| Certified Copies        | _ Certificates      | of Status    |
| Special Instructions to | Filing Officer:     |              |
|                         |                     |              |
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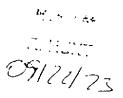




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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR           | RATION: ETRIX CORPOR  | ATION  |   |  |  |  |
|--------------------------|---|--|---|--|--|--|
| DOCUMENT NUMI            |   |  |   |  |  |  |
|                          | of Amendment and fee are su   | bmitted for filing.  |   |  |  |  |
| Please return all corres | pondence concerning this ma   | tter to the following:   |   |  |  |  |
|                          | ARMANDO RIVIERE   |  |   |  |  |  |
|                          | -   | Name of Contact Person   |   |  |  |  |
|                          | AXIOM GROUP LLC   |  |   |  |  |  |
| •                        |   | Firm/ Company  |   |  |  |  |
|                          | 10502 SW 133 PLACE  |  |   |  |  |  |
| •                        | <del></del>   | Address  |   |  |  |  |
|                          | MIAMI, FL   |  |   |  |  |  |
| •                        |   | City/ State and Zip Code   |   |  |  |  |
|                          | etrixcorp@gmail.com   |  |   |  |  |  |
| •                        | E-mail address: (to be us   | sed for future annual report                                     | notification)   |  |  |  |
| For further information  | concerning this matter, pleas   | se call:   |   |  |  |  |
| Armando Riviere          |   | at ( 305   | 484-3964  |  |  |  |
| Name o                   | f Contact Person  | Area Cod   | e & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for  | the following amount made   |  |   |  |  |  |
| □ \$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)             |  |  |  |
| Ame<br>Divis<br>P.O.     | ing Address<br>indment Section<br>ion of Corporations<br>Box 6327<br>hassee, FL 32314 | Divisior<br>The Ce<br>2415 N                                     | address nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, FL 32303 |  |  |  |

## Articles of Amendment to Articles of Incorporation of

| of   | יים בנוסוו  |                 |
|--|---|-----------------|
| ETRIX CORP   |   |                 |
| (Name of Corporation as currently  | filed with the Florida Dept. of State)  |                 |
| P23000037522   |   |                 |
| (Document Number of C  | Corporation (if known)  |                 |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:   | lorida Profit Corporation adopts the following ame  | endment(s) to   |
| A. If amending name, enter the new name of the corporation:  |   |                 |
|  | <i>The</i>  | new             |
| name must be distinguishable and contain the word "corporation," "cor<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A particular of "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: | mpany," or "incorporated" or the abbreviation "C<br>professional corporation name must contain the  | 'orp.,"<br>word |
| (Principal office address MUST BE A STREET ADDRESS)  | ,   |                 |
|  |   |                 |
|  |   | 2023 SEP        |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | NI/A  |                 |
| (Mutting undress MAT BE A FOST OFFICE BOX)   |   | _32<br>22       |
|  |   |                 |
|  |   |                 |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  | ss in Florida, enter the name of the  | - PK 12: 40     |
| Name of New Registered Agent /   | <u>A</u>  |                 |
| (Florida stree   | t address)  |                 |
| 11/A   | ,   |                 |
| New Registered Office Address: \(\mathrel{N}\begin{array}{c} \mathre{N}\end{array}\)   | , Florida   | <del></del>     |
|  |   |                 |
|  |   |                 |
| New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent. I am familiar wit  | th and accept the obligations of the position   |                 |
| ,  | The same and a same and a same and a same a |                 |

Signature of New Registered Agent, if changing

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 Doe        |                               |
|-------------------------------|--------------|-----------------|-------------------------------|
| X Remove                      | <u>V</u>     | Mike Jones      |                               |
| X Add                         | <u>sv</u>    | Sally Smith     |                               |
| Type of Action<br>(Check One) | <u>Title</u> | Name            | <u>Addres</u> s               |
| 1) Change                     | D            | ARMANDO RIVIERE | 10502 SW 133 PL MIAMI, FL 331 |
| X<br>Add                      |              |                 |                               |
| Remove                        |              | A/ZA            | <del></del>                   |
| 2) Change Add                 |              |                 |                               |
| Remove 3 ) Change             |              | N/A             | 20 3                          |
| Add                           |              |                 |                               |
| Remove                        |              | N /n            | 2023 SEP 22 PM 12:            |
| 4) Change                     |              |                 |                               |
| Add                           |              |                 |                               |
| Remove  5) Change             |              | N/A             |                               |
| Add                           |              |                 |                               |
| Remove                        |              | n/A             |                               |
| 6) Change                     |              | - P/A           |                               |
| Add                           |              |                 |                               |
| Remove                        |              |                 |                               |

| f amending or adding additional Article Attach additional sheets, if necessary). ( | Be specific)     | N/A                                   |                                       |              |                |
|--|------------------|---------------------------------------|---------------------------------------|--------------|----------------|
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| an amendment provides for an exchang   | ge, reclassifica | tion, or cancella                     | ition of issued sha                   | res,         |                |
| orovisions for implementing the amenda<br>(if not applicable, indicate N/A)        | nent if not cor  | itained in the an                     | nendment itself:                      |              |                |
|  | $\sim$           | /A                                    |                                       |              |                |
|  |                  |                                       |                                       |              | <del> </del>   |
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|  | 07/13/2023   |   |   |
|--|--|---|---|
| The date of each amendment(s) a  | doption:   |   | , if other than the   |
| date this document was signed.   |  |   | ·   |
|  | 13/2023  |   |   |
| Effective date if applicable:  | <del></del>  |   |   |
|  | (no more   | than 90 days after amendment file date)   |   |
| Note: If the date inserted in this bedocument's effective date on the De | plock does not meet the epartment of State's rec   | e applicable statutory filing requirements, this date words.  | ill not be listed as the  |
| Adoption of Amendment(s)   | (CHECK ON  | E)  |   |
| ☐ The amendment(s) was/were add action was not required.                 | opted by the incorporate                           | ors, or board of directors without shareholder action ar  | od shareholder  |
| ■ The amendment(s) was/were add<br>by the shareholders was/were su       | opted by the shareholde<br>ufficient for approval. | ers. The number of votes cast for the amendment(s)  |   |
| ☐ The amendment(s) was/were app<br>must be separately provided for       | proved by the sharehold<br>each voting group enti  | lers through voting groups. The following statement tled to vote separately on the amendment(s):            |   |
| "The number of votes cast  | for the amendment(c) :                             | was/were sufficient for approval  |   |
|  |  | was were surnerent for approvar   |   |
| by ELVIO J. CATANHO  |  | 11  |   |
|  | (voting group)                                     |   | L I I   |
|  |  |   | - 13 G  |
| 07/13/2023   |  |   | 6.15<br>S. 15<br>S. 15<br>S |
| Dated  |  |   | N. 9.0  |
|  | 1  | 79  | 22  |
| Cimatas  |  | W. J  | - Po (25)   |
| Signature  | 1,9  | 7 4 1   | PH 12: 40   |
| (By a u  | d by an incomment or pro-                          | er officer if directors or officers have not been<br>if in the hands of a receiver, trustee, or other court | \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\)   |
| annoin   | ted fiduciary by that fid                          | n in the hands of a receiver, trustee, or other court   |   |
| <b>2</b> PP0   | • •  | **  | 0   |
|  | ELVIO J. CATANHO                                   |   |   |
|  | (Typed or p  | rinted name of person signing)  |   |
|  | DIRECTOR   |   |   |
|  | (Title of per                                      | rson signing)   | <del></del>   |