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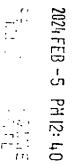
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPOR | ATION: BRIX PMC INC | | | | |
|--|--|--|--|--|--|
| DOCUMENT NUMB | | | | | |
| | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | | |
| | Stephanie Sanchez Vera | | | | |
| - | Name of Contact Person | | | | |
| | BRIX PMC INC | | | | |
| - | Firm/ Company | | | | |
| | 120 Edgewater Drive | | | | |
| - | Address | | | | |
| | St.Cloud, Florida 34769 | | | | |
| - | City/ State and Zip Code | | | | |
| | stephanie@brixpmc.com | | | | |
| - | E-mail address: (to be used for future annual report notification) | | | | |
| | r, man mane, s. , the te | real to rathe unital report | Treatment of the second of the | | |
| For further information | concerning this matter, pleas | se call: | | | |
| Stephanie Sanchez Vera | | at (| 534-7585 | | |
| Name of Contact Person | | Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: | | |
| S35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | | Amend Divisio | Address ment Section or of Corporations entre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

| Articles of Ir | ncorporation |
|--|---|
| a | |
| BRIX PMC INC | 220 CD |
| (Name of Corporation as curren | itly filed with the Florida Dept. of State EB -5 Dr. |
| 24000003840 | ntly filed with the Florida Dept. of State EB -5 PH 12: 40 |
| (Document Number | of Corporation (if known) |
| ursuant to the provisions of section 607,1006, Florida Statutes, this s Articles of Incorporation: | is Florida Profit Corporation adopts the following amendment(s) |
| . If amending name, enter the new name of the corporation: | |
| VA | 21 |
| ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must contain the word |
| Enter now reinging office address, if applicables | N/A |
| Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| | |
| | |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| (Shutting dadress SEAT DE ATOM OFFICE BOX) | |
| | |
| | |
| | |
| . If amending the registered agent and/or registered office ad- | |
| new registered agent and/or the new registered office address | <u>882</u> |
| Name of New Registered Agent N/A | |
| Nume of New Registerea Agent | |
| ките ој кум кедмегеа луст | |
| | street address) |
| tFlorida s | street address) |
| | street address), Florida (Cuy) (Zip Code) |

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> | <u>Addres</u> s |
| 1) Change | ₽T | CARIDAD MCPHERSON | 120 EDGEWATER DRIVE |
| X Add | | | ST.CLOUD, FL 34769 |
| Remove | | | |
| 2) Change | VS | STEPHANIE SANCHEZ VERA | 120 EDGEWATER DRIVE |
| X Add | | | ST. CLOUD, FL 34769 |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 51 Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Анас | nending or adding additional Articles, enter change(s) here: th additional sheets, if necessary). (Be specific) |
|---------|--|
| dd thre | ee (3) shares to the current amount of two (2) shares for a total of five (5) shares. |
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| If an | amendment provides for an exchange, reclassification, or cancellation of issued shares, |
| pro | visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
| /A | (y not applicante, maicate (NA) |
| | |
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| | 01/11/2024 | |
|--|---|-------------------------------------|
| The date of each amendment(s) a | doption: | , if other than the |
| date this document was signed. | | |
| | 1/2024 | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this hadocument's effective date on the De | lock does not meet the applicable statutory filing requirements, epartment of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were add action was not required. | opted by the incorporators, or board of directors without sharehold | ler action and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were st | opted by the shareholders. The number of votes cast for the amen ifficient for approval. | dment(s) |
| | proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendments | |
| "The number of votes east | for the amendment(s) was/were sufficient for approval | |
| by | | |
| , | (voting group) | |
| 01/23/2024 | | |
| Dated | | |
| Signature | % \ / . | |
| | irector, president or other officer - if directors or officers have no | |
| | d, by an incorporator – if in the hands of a receiver, trustee, or oth | |
| | ted fiduciary by that fiduciary) | |
| | Stephanie Sanchez Vera | |
| | | |
| | (Typed or printed name of person signing) | |
| | VP | |
| | (Title of person signing) | |