724000000882

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ARDIG TECHNO	LOGIES INC.			
DOCUMENT NUMB	P24000000882				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Omar Lopez Bejerano				
		Name of Contact Person			
	ARDIG TECHNOLOGIES INC.				
		Firm/ Company			
	12320 SW 249th ST				
	<u> </u>	Address			
	Homestead, Florida 33032				
•		City/ State and Zip Code			
	planning@ardig.org				
		sed for future annual report i	notification)		
For further information Omar Lopez Bejerano	concerning this matter, plea-		7257042		
	f Contact Person	at (786) 7257042 ic & Daytime Telephone Number		
Name c	1 Contact Person	Area Cod	e & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division The Ce	Address ment Section n of Corporations ntre of Tallahassee Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ARDIG TECHNOLOGIES INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P2400000882	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> to its Articles of Incorporation:	Itorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name 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."	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
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)	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent N/A	· .
(Florida stree	t address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing
Check if applicable	

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)

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	PT	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	ones	
<u>X</u> Add	<u>SV</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	CEOSI)	Omar Lopez Bejerano	12320 SW 249th ST
Add				Homestead, FI 33032
Remove 2) X Change	PSD		Omar Lopez Medina	12320 SW 249th ST
Add		_		Homestead, Fl 33032
Remove Change		_		
Add				
Remove				
4) Change Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

stach additional sheets, if necessary). (Be specific)	
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	34 1117 2

	<u></u>
	 -
f an amendment provides for an exchange, reclassification, or cancella	ation of Issued shares,
provisions for implementing the amendment if not contained in the are (if not applicable, indicate N/A)	mendment itself:
(ij not applicaole, indicale N7A)	
//A	
	·
· · · · · · · · · · · · · · · · · · ·	
	

	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date w Department of State's records.	rill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	, and the second	
, <u> </u>	(voting group)	
01/10/20	24	
Dated		
Signature	Ombritans	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Omar Lopez Bejerano	•
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	···