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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RADIX TECHNO	LOGY INC					
DOCUMENT NUMBER: P06000143387							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corres	pondence concerning this ma	itter to the following:					
	YASMIN JANMOHAMED						
	Name of Contact Person						
	RADIX TECHNOLOGY INC						
	Firm/ Company						
	6136 HEDGESPARROWS LANE						
	Address						
	SANFORD, FL 32771						
		City/ State and Zip Code	2				
	CHHAVI@KERMALICPA.	COM					
	E-mail address: (to be us	sed for future annual report	notification)				
For further information	concerning this matter, plea	se call:					
YASMIN JANMOHAMED		407 at (	619-0195				
Name of Contact Person		Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

C	) <b>.</b>	
RADIX TECHNOLOGY INC		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P06000143387		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi is Articles of Incorporation:	s <i>Ptorida Projit Corporation</i> adopts the fol	lowing amenome
A. If amending name, enter the new name of the corporation:		
		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	A professional corporation name must of	eviation "Corp.,"
3. Enter new principal office address, if applicable:	6136 HEDGESPARROWS LANE	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	SANFORD, FL 32771	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6136 HEDGESPARROWS LANE	
	SANFORD, FL 32771	
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:	, Florida	
	(Ĉity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent.—I am familian	nt: r with and accept the obligations of the pos.	ition.
Signature of New	Registered Agent, if changing	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11		

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 <math>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	$\underline{Y}$	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	P	PYARALI ALIDINA	6136 HEDGESPARROWS LANE	
Add			SANFORD, FL 32771	
Remove  2) Change	P	YASMIN JANMOHAMED	6136 HEDGESPARROWS LANE	
X Add			SANFORD, FL 32771	
Remove Change				
Add				
Remove				
4) Change				
Add			<del></del>	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del>-</del>
- <del></del>	· · · · · · · · · · · · · · · · · · ·
lf an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	<del></del>
	<del></del>

.

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without sh	areholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for th sufficient for approval.	e amendment(s)
	pproved by the shareholders through voting groups. The fol- or each voting group entitled to vote separately on the amen	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated	07/29/2020	
Signature	M2	
(Bylg selec	director, president or other officer - if directors or officers had by an incorporator - if in the hands of a receiver, trustee inted fiduciary by that fiduciary)	
	YASMIN JANMOHAMED	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	