## P1800001016

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## **COVER LETTER**

| TO: Amendment Secti<br>Division of Corpo                                                       | -                                           |                                                                             |                                                                                         |  |  |  |
|------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|--|--|
| NAME OF CORPOR                                                                                 | ATION: Cardix Corp                          |                                                                             |                                                                                         |  |  |  |
|                                                                                                | DOCUMENT NUMBER: P18000071016               |                                                                             |                                                                                         |  |  |  |
| The enclosed Articles                                                                          | of Amendment and fee are su                 | bmitted for filing.                                                         |                                                                                         |  |  |  |
| Please return all corres                                                                       | pondence concerning this ma                 | tter to the following:                                                      |                                                                                         |  |  |  |
|                                                                                                | Cartos Silen                                |                                                                             |                                                                                         |  |  |  |
|                                                                                                |                                             | Name of Contact Person                                                      | 1                                                                                       |  |  |  |
|                                                                                                | Cardix Corp.                                |                                                                             |                                                                                         |  |  |  |
|                                                                                                | Firm/ Company                               |                                                                             |                                                                                         |  |  |  |
|                                                                                                | 303 NE 3ed Ave. #14                         | , ,                                                                         |                                                                                         |  |  |  |
|                                                                                                |                                             | Address                                                                     | ·                                                                                       |  |  |  |
|                                                                                                | Cape Coral, FL 33909                        | / touless                                                                   |                                                                                         |  |  |  |
|                                                                                                |                                             | City/ State and Zip Code                                                    | :                                                                                       |  |  |  |
| cedo                                                                                           | smotley@hotmail.com                         |                                                                             |                                                                                         |  |  |  |
|                                                                                                |                                             | sed for future annual report                                                | notification)                                                                           |  |  |  |
|                                                                                                | 1man address, (to be de                     | sed for future annual report                                                | notheation)                                                                             |  |  |  |
| For further information                                                                        | n concerning this matter, pleas             | se call:                                                                    |                                                                                         |  |  |  |
| Carlos Silen                                                                                   |                                             | at (                                                                        | 4534918                                                                                 |  |  |  |
| Name (                                                                                         | of Contact Person                           | Area Co                                                                     | de & Daytime Telephone Number                                                           |  |  |  |
| Enclosed is a check fo                                                                         | r the following amount made                 | payable to the Florida Depa                                                 | urtment of State:                                                                       |  |  |  |
| \$35 Filing Fee                                                                                | ☐\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>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 Tallahassee, FL 32314 |                                             | Amend<br>Divisio<br>Clifton<br>2661 E                                       | Address ment Section in of Corporations Building xecutive Center Circle issee, FL 32301 |  |  |  |

## Articles of Amendment to Articles of Incorporation of

| Cardix Corp                                                                             |                             |                                                                                                          |                    |
|-----------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------|--------------------|
| (Name o                                                                                 | of Corporation as curren    | ntly filed with the Florida Dept. of State)                                                              |                    |
| P18000071016                                                                            |                             |                                                                                                          |                    |
|                                                                                         | (Document Number            | of Corporation (if known)                                                                                | <del></del>        |
| Pursuant to the provisions of section 607. its Articles of Incorporation:               | 1006, Florida Statutes, thi | is Florida Profit Corporation adopts the following amen                                                  | dment(s) to        |
| A. If amending name, enter the new na                                                   | me of the corporation:      |                                                                                                          |                    |
|                                                                                         |                             | The                                                                                                      |                    |
|                                                                                         | ation "Corp," "Inc," or     | ion," "company," or "incorporated" or the abbrevia<br>"Co". A professional corporation name must contain | ition              |
|                                                                                         |                             | 303 NE 3RD AVE. # 14                                                                                     |                    |
| B. Enter new principal office address, (Principal office address MUST BE A S            |                             | CAPE CORAL, FL 33909                                                                                     |                    |
|                                                                                         |                             |                                                                                                          | FILLED<br>LIANSEL  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |                             | 303 NE 3RD AVE. #14                                                                                      | 16 PH 14:50        |
|                                                                                         |                             | CAPE CORAL, FL 33909                                                                                     | RIDA<br>RIDA<br>SO |
| D. If amending the registered agent an<br>new registered agent and/or the new           |                             | Idress in Florida, enter the name of the                                                                 |                    |
| Name of New Registered Agent                                                            | CARLOS SILEN                |                                                                                                          |                    |
| Name of New Registered Agent                                                            | 1916 NW 23RD ST.            |                                                                                                          |                    |
|                                                                                         | (Florida :                  | street oddress)                                                                                          |                    |
| New Registered Office Address:                                                          | CAPE CORAL                  | 33993<br>Florida                                                                                         |                    |
|                                                                                         |                             | (City) (Zip Code)                                                                                        |                    |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist        |                             | nt: r with and accept the obligations of the position.                                                   |                    |
|                                                                                         | 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 Doc     |                      |
|-------------------------------|--------------|--------------|----------------------|
| X Remove                      | <u>v</u>     | Mike Jones   |                      |
| X Add                         | <u>sv</u>    | Sally Smith  |                      |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>  | <u>Addres</u> s      |
| 1) X Change                   | P            | CARLOS SILEN | 1916 NW 23RD ST.     |
| Add                           |              |              | CAPE CORAL, FL 33993 |
| Remove                        |              |              |                      |
| 2) Change                     |              | -            |                      |
| Add                           |              |              |                      |
| Remove                        |              |              | <del> </del>         |
| 3 ) Change                    |              | -            |                      |
| Add                           |              |              |                      |
| Remove                        |              |              |                      |
| 4) Change                     | · ·          | -            |                      |
| Add                           |              |              |                      |
| Remove                        |              |              |                      |
|                               |              |              |                      |
| 5) Change                     |              |              | <del></del>          |
| Add                           |              |              |                      |
| Remove                        |              |              |                      |
| 6) Change                     |              |              |                      |
| Add                           |              |              |                      |
| Remove                        |              |              |                      |

| (                                    | (Be specific)                                                                                              |
|--------------------------------------|------------------------------------------------------------------------------------------------------------|
| Α                                    | <del></del>                                                                                                |
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| <del> </del>                         |                                                                                                            |
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|                                      | <del></del>                                                                                                |
|                                      |                                                                                                            |
| provisions for implementing the amer | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)    |                                                                                                            |
|                                      |                                                                                                            |
|                                      |                                                                                                            |
| (if not applicable, indicate N/A)    |                                                                                                            |
|                                      |                                                                                                            |
|                                      |                                                                                                            |
|                                      |                                                                                                            |

|                                                                          | AUGUST 31, 2018                                                                                                                              |                             |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| The date of each amendment(s) a                                          | doption:                                                                                                                                     | , if other than the         |
| date this document was signed.                                           |                                                                                                                                              |                             |
|                                                                          | GUST 31, 2018                                                                                                                                |                             |
| Effective date if applicable:                                            | (no more than 90 days after amendment file date)                                                                                             |                             |
|                                                                          |                                                                                                                                              |                             |
| Note: If the date inserted in this I document's effective date on the De | block does not meet the applicable statutory filing requirements, this date epartment of State's records.                                    | : will not be listed as the |
| Adoption of Amendment(s)                                                 | (CHECK ONE)                                                                                                                                  |                             |
| The amendment(s) was/were ad by the shareholders was/were st             | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.                                             |                             |
|                                                                          | proved by the shareholders through voting groups. The following statemen reach voting group entitled to vote separately on the amendment(s): | u                           |
| "The number of votes case                                                | for the amendment(s) was/were sufficient for approval                                                                                        |                             |
| CARLOS S. LUGO                                                           | ,,                                                                                                                                           |                             |
| <i>oy</i>                                                                | (voting group)                                                                                                                               |                             |
|                                                                          |                                                                                                                                              |                             |
| The amendment(s) was/were ad action was not required.                    | opted by the board of directors without shareholder action and shareholder                                                                   |                             |
| ☐ The amendment(s) was/were ad action was not required.                  | opted by the incorporators without shareholder action and shareholder                                                                        |                             |
| Dated                                                                    | 9-13-18                                                                                                                                      |                             |
| Signature 0                                                              |                                                                                                                                              |                             |
| (By a                                                                    | director,/president or other officer - if directors or officers have not been                                                                | <del></del>                 |
|                                                                          | ed, by an incorporator - if in the hands of a receiver, trustee, or other court                                                              |                             |
| арроіі                                                                   | nted fiduciary by that fiduciary)                                                                                                            |                             |
|                                                                          | CARLOS S. LUGO                                                                                                                               |                             |
|                                                                          | (Typed or printed name of person signing)                                                                                                    | <del></del>                 |
|                                                                          | PRESIDENT                                                                                                                                    |                             |
|                                                                          | (Title of person signing)                                                                                                                    |                             |