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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: All Data Technolo	ogy Inc			
DOCUMENT NUM	P18000087672				
The enclosed Article	es of Amendment and fee are su	abmitted for filing.			
Please return all corr	respondence concerning this ma	atter to the following:			
	Wally Donovan				
		Name of Contact Perso	าก		
	All Data Technology Inc				
	**************************************	Firm/ Company			
	4230 SW 19th Street				
	Address				
	Fort Lauderdale, FL 33317				
		City/ State and Zip Cod	le		
allda	atatechnology@gmail.com				
<u>-</u>		sed for future annual report	notification)		
		·	,		
For further informati	on concerning this matter, pleas	se call:			
Wally Donovan		954 at (6242763		
Name	of Contact Person	Area Co)ode & Daytime Telephone Number		
Enclosed is a check f	for the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 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)		
	ailing Address nendment Section		Address		
	vision of Corporations	Amendment Section Division of Corporations			
P.C	D. Box 6327	Clifton	Building		
Tai	llahassee, FL 32314	2661 F	Executive Center Circle		

Tallahassee, FL 32301

TO KIND 18 AH IZ: 14

Articles of Amendment to Articles of Incorporation of

All Data Technology Inc				
(Name	of Corporation as current	y filed with the Florida Dept. of State)		
P18000087672				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ing ameno	dment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The i	new
	nation "Corp," "Inc," or "	n," "company," or "incorporated" or the Co". A professional corporation name mus P.A."	<u>abbrevia</u> i	tion
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent ar new registered agent and/or the new registered a	OFFICE BOX) id/or registered office addi		AON 61	
Almero of Alexa Parietons I toward	N/A			
Name of New Registered Agent			 	- 7.4E
	117 - 17 - 1	ect address)	- <u>x</u>	ES S
	(Fiorita sir	eer aatress)		ΣZ
New Registered Office Address:		(City), Florida		- <u>:::</u> _
		(City) (Zif	Code)	;
New Registered Agent's Signature, if c I hereby accept the appointment as regist		i. with and accept the obligations of the position		
	Signature of New R	egistered 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 Do	<u>oe</u>	
X Remove	\underline{v}	Mike Jo	<u>nes</u>	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	Mario Alvarez	4230 SW 19th Street
X Add				Fort Lauderdale, FL 33317
Remove				<u></u>
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_	4	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	<u></u>	_		
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
n/a	
	•
-	
. If an amendment provides for an exchange	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Mario Alvarez own 45% of the company	•
	· · · · · · · · · · · · · · · · · · ·
·	

The date of each amendment(s) a	idoption:	, if other than the
date this document was signed.		
	14/19	
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 D	block does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
	proved by the shareholders through voting groups. The following staten reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and sharehold	der
11/14/19 Dated Signature		
(By a c	Arector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Wally Donovan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	