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COVER LETTER

TO: Amendment Section
Division of Corporations

.

NAME OF CORPO	RATION: BRIDGEWAY VE	NTURES CORP	
	BER: P24000049435		
	of Amendment and fee are sui	omitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	ERNESTO MALAGA		
		Name of Contact Person	n
		Firm/ Company	
	3625 NW 82 AVESUITE 311		
		Address	
	DORAL, FL 33166		
		City/ State and Zip Cod	e
	bridgewayv@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
ERNESTO MALAG	4	at (305	710-2685
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, 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 to Articles of Incorporation of

(Name of Cor	poration as currently filed with the Florid	a Dept. of State)
P24000049435		
(Document Number of Corporation (if known	1)
tursuant to the provisions of section 607.1006, as Articles of Incorporation:	Florida Statutes, this Florida Profit Corpora	tion adopts the following amendmen
a. If amending name, enter the new name o	f the corporation:	
BRIDGEWAY VENTURES INC		The new
ame must be distinguishable and contain the w Inc.," or Co.," or the designation "Corp," chartered," "professional association," or the	"Inc," or "Co". A professional corpora	rated" or the abbreviation "Corp.,"
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
		202
(Mailing address <u>MAY BE A POST OFFI</u>	: CE BOX)	SE INE
(Mailing address <u>MAY BE A POST OFFI</u>	: CE BOX	第5. 3 声
(Mailing address MAY BE A POST OFFI	: CE BOX	IS A
Mailing address MAY BE A POST OFFI	: CE BOX) registered office address in Florida, enter t	13 A
Mailing address MAY BE A POST OFFI	ECE BOX) registered office address in Florida, enter to stered office address:	IS A

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.

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	VP	PATRICIO A MEDINA BAQUERIZ	3625 NW 82 AVE SUITE 311	
Add			DORAL, FL 33166	
X Remove				
2) Change	_			
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	ding additional Art heets, if necessary).	(Be specific)			
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				<u>-</u>	
 					
					
				<u> </u>	
					
	<u> </u>				
			ition, or cancellati	<u>on of issued share</u>	<u>\$.</u>
an amendment	provides for an exc	change, reclassifica			
rovisions for in	plementing the am	change, reclassifics rendment if not cor	ntained in the ame	ndment itself:	
rovisions for in	provides for an exemplementing the amable, indicate N/A)	change, reclassifics nendment if not cou	ntained in the ame	endment itself:	
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rovisions for in	plementing the am	change, reclassifics nendment if not co	ntained in the ame	ndment itself:	

08/02/2024	
The date of each amendment(s) adoption:	other than the
08/02/2024	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(No more man 20 days after amenanting see date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and share action was not required.	eholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
Dated <u>08/05/2024</u> Signature	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ERNESTO MALAGA	
(Typed or printed name of person signing)	
PRESIDENT	

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: BRIDGEWAY VE	ENTURES CORP	
DOCUMENT NUMBI			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
E	RNESTO MALAGA		
_		Name of Contact Person	1
_		Firm/ Company	
3	625 NW 82 AVESUITE 31	1	
		Address	
<u></u>	ORAL, FL 33166		
		City/ State and Zip Code	
ъ	ridgewayv@gmail.com		
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ERNESTO MALAGA		at (305	710-2685
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:
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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations dox 6327 assee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303