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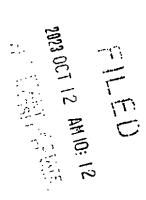
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A. RAMSEY 0CT 13, 2023



FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE AMENDMENT FOR:

ATKINS NORTH AMERICA, INC.

PLEASE RETURN A CERTIFIED COPY

CHECK: #9742 AMOUNT: \$43.75

THANK YOU

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: Atkins North Amer | rica, Inc. | | | | |
|---------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|--|--|
| DOCUMENT NUMB | | | | | | |
| | f Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corresp | oondence concerning this ma | tter to the following: | | | | |
| | | C. Ernest Edgar, IV | | | | |
| - | | Name of Contact Person | n | | | |
| | | Atkins North America, I | nc. | | | |
| - | | Firm/ Company | . | | | |
| | 2 | 1030 W Boy Scout Blvd, S | te 700 | | | |
| _ | Address | | | | | |
| _ | Tampa, FL 33607 | | | | | |
| | | City/ State and Zip Cod | e | | | |
| | ros | sie.rodriguez@atkinsrealis. | com | | | |
| - | E-mail address: (to be us | ed for future annual report | notification) | | | |
| For further information | concerning this matter, pleas | se call: | | | | |
| Rosie Rodriguez | | at (⁸¹³ | 262-8546 | | | |
| Name of | f Contact Person | | de & Daytime Telephone Number | | | |
| Enclosed is a check for | the following amount made | payable to the Florida Dep | artment of State: | | | |
| S35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| Amer Divis P.O. 1 | ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314 | Ameno Divisio The C 2415 I | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 | | | |

Articles of Amendment to **Articles of Incorporation**

FILED

2023 9CT 12 AH 10: 12

Atkins North America, Inc.

| (Name of Corporation as currently filed with the Florida Dept. | of State) |
|----------------------------------------------------------------|-----------|
| • • | ——∓∴ |
| 233840 | |

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

| ompany," or "incorporated" or the abbrevial professional corporation name must cont | tion "Corp. ain the wo |
|-------------------------------------------------------------------------------------|-------------------------------------------|
| N/A | |
| | |
| N/A | |
| | |
| ess in Florida, enter the name of the | |
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| et address) | _ |
| et address) | _ |
| | N/A ess in Florida, enter the name of the |

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 | <u>PT</u> | John Do | <u>oe</u> | |
|-------------------------------|--------------|-------------|-------------|-------------|
| X Remove | <u>v</u> | Mike Jo | ones . | |
| X Add | <u>sv</u> | Sally Sn | mith | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | Address |
| 1) N/A Change | N/A | _ | N/A | N/A |
| Ad d | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| | al sheets, if necessary, | rticles, enter change(s). (Be specific) | | | |
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| If an amendme | it provides for an ex | change, reclassificati | on, or cancellation o | f issued shares, | |
| provisions for | implementing the ar | nendment if not conta | ined in the amendm | nent itself: | |
| | icable, indicate N/A) | | | | |
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| The date of each amendment(s) a date this document was signed. | doption: | , if other than the |
|---------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------|
| Effective date if applicable: | | |
| | (no more than 90 | days after amendment file date) |
| Note: If the date inserted in this be document's effective date on the Do | | ple statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were add action was not required. | opted by the incorporators, or bo | ard of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were su | - | number of votes cast for the amendment(s) |
| • • | • | gh voting groups. The following statement see separately on the amendment(s): |
| "The number of votes cast | for the amendment(s) was/were | sufficient for approval |
| by | | " |
| | (voting group) | |
| 10/12/23 Dated | | <u></u> |
| Signature | l. Emut Elfa K | |
| selecte | | - if directors or officers have not been nands of a receiver, trustee, or other court |
| | C Emest Edgar, IV | |
| | (Typed or printed na | me of person signing) |
| | Secretary | |

(Title of person signing)