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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: ATM INTO & RESEARCH IKE
DOCUMENT NUMBER: NO30000 (QCOL)
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James of Contact Person)
ATM INFO & Research I We (Firm/ Company)
14411 5 Dirie Highway Unit 205
Palme Ho Bay, Fl 33174 (City/State and Zip Code)
E-mail address: (to be used for fixture annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 301 (a(a) 4(4) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Scrifficate of Status Certificate of Status (Additional copy is cnclosed) S43.75 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED
2021 SEP -3 AMII: 32

(Name of Corporation as currently filed with the Florida Dept. of State) OI SET SEP -3 AH 11: 3.
(Name of Corporation as currently filed with the Florida Dept. of State)
MO3 00000 6061
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The ne name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc. "Company" or "Co." may not be used in the name.
Company of Co. may not be used in the nume.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 201
Palnetto Bay, P/ 33176
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1941 Shuce
Rifnetto Bay, Fe 33176
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent:
14411 5 DIVIC Highway #205
New Registered Office Address:
(City) Florida 331 -fl. (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
i nevery weeeps me appointment as registered agent. I am jamitiar 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 X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove		 _	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional A Is, if necessary)	rticles, enter change(s) here: . (Be specific)	
			-
	 -		

Ťł	ne date of each amendment(s) adoption: Olygo, St. 30, 2021, if other than the
	te this document was signed.
Ef	fective date if applicable:
	(no more than 90 days after amendment file date)
No do	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.
A	doption of Amendment(s) (CHECK ONE)
0	The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
. '	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)
	Dated
	Signature / /A
	(By a director, president or other officer – it directors or officers have not been selected by an incorporator – if it he hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Treasper
	(Title of person signing)