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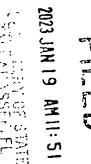
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	AMTATEMP, INC.				_	_
	N22000002378					
DOCUMENT NUMBER:						_
The enclosed Articles of An	nendment and fee are sub-	mitted for filing.				
Please return all corresponde	ence concerning this matt	er to the following:				
Charles M. Watkins						
		(Name of Contact P	erson)		- "	_
Webster, Chamberlain & Be	ean, LLP				2023 JAN 19	
		(Firm/ Compan	y)		A.	<u>. </u>
1747 Pennsylvania Avenue.	N.W. #1000					
		(Address)			10 10 10 10 10 10 10 10 10 10 10 10 10 1	₹
Washington, D.C. 20006					FE	- J
·		(City/ State and Zip	Code)		·	_
jtonner@amtaorg.com						
	-mail address: (to be used	I for future annual re	port notification	on)		-
For further information cond	eerning this matter, please	call:				
Charles M. Watkins		al	(703)	371-3885		
	(Name of Contact Person		(Area Code)	(Daytime Telep	phone Number)	_
Enclosed is a check for the f	ollowing amount made pa	ayable to the Florida	Department o	f State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certi is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)		
	nt Section of Corporations	A D	reet Address mendment Sec ivision of Corp he Centre of	oorations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AMTATEMP,INC.			
(Name of Corporation as currently filed with the Flo	rida Dept. of State)		
N000002378			
(Document	Number of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Florida samendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation.		For Profit Corporation	adopts the following
American Membrane Technology Association, Inc.	,,,,,,,,,,,,		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorpora	eted" or the abbreviatio	
B. Enter new principal office address, if applicable:	185 North Cayma	n Isles Boulevard	. 20°
(Principal office address MUST BE A STREET ADDI	RESS) Englewood, FL 34	1223	3 JA
,			7.5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	1811 Englewood	Road, #280	P.S.S.E.
	Englewood, FL 34	223	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		da, enter the name of	<u>the</u>
loh	n Tonner		
Name of New Registered Agent:	North Cayman Isles Bou	levard	
		(Florida street address)	
New Registered Office Address:	1		2.1202
eng ————————————————————————————————————	glewood	, Flori	
	(City)	(Z)	p Code)
New Registered Agent's Signature, if changing Regis			
I hereby accept the appointment as registered agent. I	Aluton	~	
	Signature of New Reg	gistered Agent, if change	uig

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	PT John D V Mike J SV Sally S	<u>oneş</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add			2023 JAN 19
Remove 2) Change Add			S S S A M
Remove 3)			
4) Change Add			
Remove 5) Change Add			
6) Change Add			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	
	-		
			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
Dated	12-19-2022
Signature	Qim ?
ha	the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Jill Miller
	(Typed or printed name of person signing)
	President
	(Title of person signing)

FILED
2023 JAN 19 AM II: 52
SHALLKHASSEE, FLE