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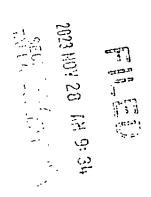
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: ATLAS INDUSTR	RIAL INC		
DOCUMENT NUM	P05000072747			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	NAIR MANUEL			
		Name of Contact Person	1	
	TAX HOUSE MIAMI INC			
		Firm/ Company		
	301 NE 79TH STREET #2			
	Address			
	MIAMI, FL 33138			
		City/ State and Zip Code	2	
	nair@taxhousemiami.com			
	~	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	786	615-2009 EXT 102	
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number	
Enclosed is a check fi	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	S43.75 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ATLAS INDUSTRIAL INC			
(Name of Corporation as cur	rently filed with the Florida Dept.	of State)	
P05000072747			
(Document Num	per of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation ado	opts the following amendme	ent(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>		
ATLAS EXPORT INC		The new	
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc." or "Co "chartered," "professional association," or the abbreviation "I	". A professional corporation nat	r the abbreviation "Corp.,	
B. Enter new principal office address, if applicable:		023	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		50 8	-
		7 72	4 =====
		<u>;: </u>	[]
C. Enter new mailing address, if applicable:			(min)
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		فِ ِ َ	SELV.
		<u> </u>	
D. If amending the registered agent and/or registered office	address in Florida, enter the name	aftha	
new registered agent and/or the new registered office add		vi the	
Name of New Registered Agent			
(Floria	a street address)		
New Registered Office Address:		lorida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag	rent:		
I hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of	of the position.	

Signature of New Registered Agent, if changing

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)

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>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	<u>mun</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change			-	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				
Remove				

Attach additional sheets, if necessary).	rticles, enter change(s) here:). (Be specific)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	
	
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f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
(3)	

11/01/2023 The date of each amendment(s) adoption: __ . if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ 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 (voting group) 11/07/2023 Dated 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) ADRIANA SANCHEZ CASTRO (Typed or printed name of person signing) (Title of person signing)