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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ATT SOL	UTIONS PROVIDER, CO	ORP.		
DOCUMENT NUMBER:		08000106361			
The enclosed Articles of Amendmen	t and fee are su	bmitted for filing.			
Please return all correspondence con-	cerning this ma	tter to the following:			
		LUIS EDGARDO RUIZ			
	Name of Contact Person				
		Firm/ Company			
8585 NW 6TH LANE STE 104					
	Address				
	MIAMI FL 33126				
		City/ State and Zip Cod	e		
		attsponline@gmail.com			
E-mail ac	idress: (to be us	sed for future annual repor	t notification)		
For further information concerning the	his matter, plea				
MARIGER ESTEFANIA RUIZ RANGEL		at (
Name of Contact Pers	son	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for the following	g amount made	payable to the Florida Dep	partment of State:		
	Filing Fee & cate 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisi The C	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ATT SOLUTIONS PROVIDER, CORP.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address:	(Name of Corporation as currently	filed with the Florida Dept. of State)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (City) (Zip Code)	P08000106361	
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(Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	new registered agent and/or the new registered office address.	
New Registered Office Address:	Name of New Registered Agent	
New Registered Office Address:		
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	(Florida stree	et address)
New Registered Agent's Signature, if changing Registered Agent:		
	(1	City) (Zip Code)
$\sim 10^{10}$		ith and accept the obligations of the position.
1 / 1	OV.	
The state of the s	121	<u> </u>
Signature of New Registered Agent, if changing	Signature of New Re	gistered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 Doc		
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	p	MARIGER ESTEFANIA RUIZ RAN	8585 NW 6TH LANE STE 104	
Add			MIAMI FL 33126	
x Remove				
2) Change	VP	FRANCO VALENTIN DOS SANTO	8585 NW 6TH LANE STE 104	
Add			MIAMI FL 33126	
X Remove 3) Change	P	LUIS EDGARDO RUIZ	8585 NW 6TH LANE STE 104	
X Add			MIAMI FL 33126	
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y not applicable, material mit)	

The date of each amendment(s) ac date this document was signed.	loption:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 da	ys after amendment file date)
Note: If the date inserted in this b' document's effective date on the De	lock does not meet the applicable partment of State's records.	e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or boar	d of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		mber of votes cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through each voting group entitled to vote	n voting groups. The following statement separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were so	afficient for approval
by	(voting group)	<u> </u>
,	(voting group)	
JANUARY Dated		_
Signature	The state of the s	
(By a di selected	rector, president or other officer -	- if directors or officers have not been nds of a receiver, trustee, or other court
	LUIS EDGARDO	RUIZ
	(Typed or printed nam	e of person signing)
	PRESIDENT	
	(Title of person signin	g)