# P090000401

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION	ATLANTI	C SOLUTION	S INC		
DOCUMENT NUMBER: P	09000040	171			
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.			
Please return all correspondence	e concerning this ma	tter to the following:			
JAC	QUELINE	FRIEDEBER	3		
ATL	Name of Contact Person ATLANTIC SOLUTIONS INC				
Firm/ Company 16585 NW 2 AVE SUITE 404					
MIA	MI FL 3317	Address			
		City/ State and Zip Cod	2		
ATLANTICSOLUTIONSINC@GMAIL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concern	ing this matter, pleas	se call:			
JACQUELINE F	RIEDEBE	RG <sub>at (</sub> 954	,5605999		
Name of Contac		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
~	43.75 Filing Fee & ertificate 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 Street Address				
Amendment Section Division of Corporations		Amendment Section Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

#### **Articles of Amendment** to **Articles of Incorporation** of



ATLANTIC SOLUTION					
(Name of Corporation as	currently filed witl	the Florida I	Dept. of State)		
P09000040171			_ <del></del>		
(Documer	nt Number of Corpora	ition (if known	}		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statute	s, this <i>Florida</i>	Profit Corporation :	idopts the foll	owing amendm
A. If amending name, enter the new na	ime of the corporati	on:			
N/A					The nev
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design	ation "Corp." "Inc.	" or "Co". A			
word "chartered," "professional associa	tion," or the abbrevi		Δ.		
B. Enter new principal office address,	if applicable:	<u>N/</u>	A	······································	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS (				
				•	<del></del>
				<del></del>	<del></del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable: OFFICE ROV	N/	A		
(Bruning address May 1 DE 71 1 OST)	MITTEL BOX				
D. If amending the registered agent an	d/or registered offic	e address in F	Horida, enter the na	me of the	
new registered agent and/or the new	v registered office a	ddress:			
Name of New Registered Agent	SALLY FRIEDEBERG				
	16360 SV	V 9 st.	Pembroke	Pires	FL. 331
	(Flo	rida street addri		<del></del>	
New Registered Office_Address:	N/A		, Florida	u "	
		(City)		(Zip Cod	e)
New Registered Agent's Signature, if c Thereby accept the appointment as regist	nanging Registered ered agent. I an fai	<b>Agent:</b> niliar with and	accept the obligatio	ns of the posit	tion.
	10 ° 16		•	•	

## If amending, the Officers and/or Directors, enter the title and name of each officer/director being removed and title, na 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 Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of eacheld. 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. 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PTD	SALLY FRIEDEBERG	16360 SW 9 ST
Add			PEMBROKE PINES
Remove			FL. 33027
2) Change			
Add			
Remove			
3) Change		4—400 s 400 s 500	
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
·	

The date of each amendment(s) adoption: 8/1/14	, if other
date this document was signed.	
Effective date if applicable: 8/1/14  (no more than 90 days after amendment file	
(no more than 90 days after amendment file	aate)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The fol must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 01 [22/14]	
Signature Jacquelius Fuedure (But director, president or other officer – indirectors or officers)	
selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)	e, or other court
Jacquelne Medeber (Typed or printed name of person signif	<u>. C</u>
(Title of person signing)	
(Title of person signing)	