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COVER LETTER

TO: Amendment Section Division of Corporations

1.4

NAME OF CORPORATION: ATIK . CORP.

DOCUMENT NUMBER: P09000085477

The enclosed Articles of Amendment and fee are submitted for tiling.

Please return all correspondence concerning this matter to the following:

CABEZAS, DAVID
Name of Contact Person
Firm/ Company
710 NW 127TH CT
Address
MIAMI, FL 33182
City/ State and Zip Code
david@atikshop.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 CABEZAS, DAVID
 at (305)
 951-5259

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee

□\$43.75 Filing Fee & 1 Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 OCT 18 PM 4:37

ATIK , CORP.			
(<u>Name of Corporation as</u> P09000085477	currently filed with the Flo	rida Dept. of Sigte)=1: 3(1 U	F STAIL
	Sumber of Corporation (if kno	 own)	
Pursuant to the provisions of section 607.1006, Florida State its Articles of Incorporation:	·		endment(s) to
A. If amending name, enter the new name of the corpor	ation:		
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp." "Inc." or "chartered," "professional association " or the abbreviatio	"Co". A professional corp	rporated" or the abbreviation "C	new 'orp., '' word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(8</u>)		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		er the name of the	
Name of New Registered Agent			
()	Florida street address)		
<u>New Registered Office Address</u> :	(City)	, Florida (Zip Code)	
<u>New Registered Agent's Signature, if changing Registered</u> Thereby accept the appointment as registered agent. Tam	ed Agent: familiar with and accept the	obligations 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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
L) Change	VP	MARTINEZ, IVETTE M	710 NW 127TH CT
X Add			MIAMI, FL 33182
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			·····
Remove			
5) Change		<u>.</u> ,	
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amendi</u>	ng or adding additional Arti	cles, enter change	<u>(s) here</u> :		
(Attach ad	litional sheets, if necessary).	(Be specific)			
ADD: MAR	INEZ, IVETTE M (VP)				
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
_					
	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
				·	
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<u> </u>					
			<u> </u>		
			R -		
F. If an ame	adment provides for an exch	ange, reclassificat	ion, or cancellation	of issued shares,	
provisio	is for implementing the ame t applicable, indicate N/A)	ndment if not cont	ained in the amend	<u>ment itself:</u>	
(1 <i>f</i> ne	t applicable, indicate (87A)				
					<u> </u>
			· · · · · · · · · · · · · · · · · · ·		
	<u>-</u> .				
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The date of each amendment(s) adoption:	10/07/2021	, 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)

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. . .

- 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 east 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
	(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)

CABEZAS, DAVID

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)