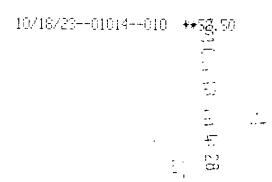
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: ATLAS SHIELD I	NTERNATIONAL INC			
DOCUMENT NUM	BER: P11000005437				
	s of Amendment and fee are sul	omitted for filing.			
Please return all corre	espondence concerning this mat	ter to the following:			
JOHN NORMAN MCLEAN					
	Name of Contact Person				
ATLAS SHIELD INTERNATIONAL INC					
Firm/ Company					
	5200 FAN PALM AV				
Address					
	COCOA, FL 32927				
		City/ State and Zip Co	ode		
stonecoldnorm@yahoo.com					
	E-mail address: (to be us	sed for future annual repo	rt notification)	ر بري نيد	
For further informati	on concerning this matter, pleas	se call:		- - - -	
JOHN NORMAN MCLEAN		at (5370965		
Name of Contact Person		Area C	Code & Daytime Telephone Number	. .	
Enclosed is a check	for the following amount made	payable to the Florida De	epartment of State:	C	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	E\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ār	ailing Address nendment Section vision of Corporations	Ame	et Address ndment Section sion of Corporations		

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

ATLAS SHIELD INTERNATIONAL INC	d. Cl. I. 'Ab Ab . I'le side Dane of Canta)
(Name of Corporation as curr 211000005437	rently filed with the Florida Dept. of State)
	per of Corporation (if known)
	this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation	
ame must be distinguishable and contain the word "corporation Inc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "F	The new of "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word P.A."
. Enter new principal office address, if applicable:	5200 FAN PALM AV
Principal office address <u>MUST BE A STREET ADDRESS</u>)	COCOA FL 32927
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5200 FAN PALM AV
	COCOA FL 32927
If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
N/A	
Name of New Registered Agent	
(Floria	da street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am familiarity	gent: liar with and accept the obligations of the position.
Signature of No.	lew Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 is	(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)

Add

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 PT John Doe X Remove Mike Jones <u>V</u> <u>X</u> Add SVSally Smith Address Type of Action Title Name 1 (Check One) PΤ PATRICK CEBALLOS 5374 MAJESTIC OAK CIR 1) ____ Change SAINT CLOUD FL 34771 Add Remove 5200 FAN PALM AV JOHN NORMAN MCLEAN Change COCOA FL 32927 ____ Add ___ Remove 3) ____ Change ___ Add ___ Remove 4) ____ Change __ Add ____ Remove 5) ____ Change ___ Add __ Remove 6) ____ Change

attach additional sheets, if necessary). (Be specific)	
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	-
	• • •

The date of each amendment	(s) adoption:	_, if other than the
date this document was signed.		_
Effective date if applicable:	10/12/2023	
Effective date in applicable.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
10/12/ Dated	2023	
Signature	John Norman M. Lean	_
	y addirector, president or other officer – it directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
·	JOHN NORMAN MCLEAN	, ; ,
	(Typed or printed name of person signing)	<u> </u>
	OWNER - PRESIDENT	
	(Title of person signing)	