P12 000011151

| (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 |
| J. HORNE |
| MAR 2 0 2023 |
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| |

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| AMERICAN TOP TH | EAM OF SUNRISE, INC | <u>). </u> |
|-----------------------|---------------------|---|
| | | |
| Please Debit 12000000 | 00257 For: 35 | |
| Thank you Seth Neele | : y | |
| 1+0/ | - | Art of Inc. File |
| - Holy | | LTD Partnership File |
| | | |
| | | Foreign Corp. FileL.C. File |
| | | |
| | | Fictitious Name File |
| | | Trade/Service Mark |
| | | Merger File |
| | | Art, of Amend. File |
| | | RA Resignation |
| | | Dissolution / Withdrawal |
| | | Annual Report / Reinstatement |
| | | Cert. Copy |
| | | Раио Сору |
| | | Certificate of Good Standing |
| | | Certificate of Status |
| | | Certificate of Fictitious Name |
| | | Corp Record Search |
| / | | Officer Search |
| | | Fictitious Search |
| Signature | | Fictitious Owner Search |
| Signature | | Vehicle Search |
| | | Driving Record |
| Requested by: | | UCC 1 or 3 File |
| <u> </u> | Date Time | UCC 11 Search |
| Name | Date Time | UCC 11 Retrieval |
| Walk-In SA &cc | Will Pick Up | Courier |

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: A MC. | RICGH TOP TEAM OF SUNRISE, INC. |
|---|--|
| DOCUMENT NUMBER: P120 | 00011151 |
| The enclosed Articles of Amendment and fee a | are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| Davi | d HERNANDEE Name of Contact Person |
| | Firm/ Company |
| | 1 min Company |
| 3000 N | UNIVERSITY DR E |
| | 7 1000 000 |
| _ CORAL | SPRINGS FL 33065 |
| | City/ State and Zip Code |
| E-mail address: (to | courting annual report notification) |
| For further information concerning this matter | , please call: |
| David Hernani Name of Contact Person | of Z at (954) 346 - 7288 Area Code & Daytime Telephone Number |
| | |
| Enclosed is a check for the following amount i | made payable to the Florida Department of State: |
| □ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta | |
| Mailing Address | Street Address |
| Amendment Section Division of Corporations | Amendment Section Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

| | Articles of Inco | rporation | | 2023 ps, | ` · · |
|---|---|--|----------------------------------|---|-------------------|
| _ | of .= . | <u>-</u> | | - 595% ⁽⁴⁾⁹ 7 | > . " |
| AMERICAN TOP TEC | 3MO/ - |)UNINISC | INC | <u> </u> | <u> 1977 - 2.</u> |
| (Name of Corporati | ion as currently | <u>filed with the F</u> | lorida Dept. of | State) (C) | |
| P12 0000 /// | 51 | | | • • | · |
| (Docun | nent Number of (| Corporation (if k | nown) | | |
| Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation: | a Statutes, this Fi | lorida Profit Coi | <i>rporation</i> adopt | s the following amend | ment(s) to |
| A. If amending name, enter the new name of the co | orporation: | | | | |
| MMA SCIENCE | ACADO | MLY 7 | NC. | The u | |
| MMA SCIENCE name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbre | " or "Co", A | mpany," ^l or "inc professional cor | orporated" or t poration name | he abbreviation "Corp must contain the wi | rd |
| B. Enter new principal office address, if applicable | c: | | | | |
| (Principal office address MUST BE A STREET ADI | | | | | _ |
| | | | | -1-811 | _ |
| | | | | | _ |
| C. Enter new mailing address, if applicable: | | | | | |
| (Mailing address <u>MAY BE A POST OFFICE BO</u> | <u>)X</u>) | | | ···· | _ |
| | | | | | |
| | | | | | _ |
| | | | | | _ |
| D. If amending the registered agent and/or register | red office addre | ss in Florida, en | ter the name o | <u>f the</u> | |
| new registered agent and/or the new registered | office address: | | | | |
| Name of New Registered Agent | | | | | |
| | | | | | |
| | (Florida stree | (address) | | <u> </u> | |
| New Registered Office Address: | | | . Flo | orida | |
| | ((| in) | | (Zip Code) | _ |
| | | | | | |
| Now Bookstand Agent's Signature if the time I | المالة المناف | | | | |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | <u>asterea Agent:</u> Lam familiar wit | h and accept the | obligations of | the position. | |
| , | | • | , , | · | |
| | | | | | |
| | ature of New Reg | istaval James 30 | edemoires | | |
| Signa | mare of sea neg | метса адет, Џ | сланушу | | |

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 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 | | | er 1984 is 19 |
| Add | | | · · · · · · · · · · · · · · · · · · · |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | - | |
| Add | | | |
| Remove | | | |
| 6) Change | | | - |
| Add | | | |
| Remove | | | |

| If amending or adding additional A | a meres, enter enangers) nere, |
|---|--|
| (Attach additional sheets, if necessary | 9. (Be specific) |
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| If an amendment provides for an ex- | schange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ar | mendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| (i) not applicable, marcare (1971) | |
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| The date of each amendment(s) adoption:date this document was signed. | 3/14/23 | , if other than the |
|---|--|---|
| Effective date if applicable: | 3/14/23 | |
| | (no more than 90 days after amendment | file date) |
| Note: If the date inscrited in this block does ned document's effective date on the Department of | of meet the applicable statutory filing req State's records. | prinements, this date will not be listed as the |
| Adoption of Amendment(s) (CH | ECK ONE) | |
| The amendment(s) was/were adopted by the action was not required. | ncosporators, or beard of directors within | a shareholder action and shareholder |
| The amendment(s) was'were adopted by the by the shareholders was/were sufficient for a | harcholders. The number of votes cast for | or the amendment(s) |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting. | Sharpholders shewark waste a gra | |
| "The number of votes east for the amen | fractitis) was/were sufficient for approval | |
| hy | | •• |
| (voti | g group) | |
| Signature Y CX (By a director, president selected, by an incorrespondent fiduciary by | ent or other officer – if directors or officer porator – if in the hands of a receiver, trust by that fiduciary) | 's have not been ter, or other court |
| | TRKA HAT | cher |
| / | Resident | |

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORAT | TON: <u>AMERIC</u> | GN TOP TEA | MOF SUNRISE, IN | ے ر |
|-----------------------------|---|---|--|-----|
| DOCUMENT NUMBER | : P12000 | 0/1/51 | · | |
| The enclosed Articles of A | Imendment and fee are suf | omitted for filing. | | |
| Please return all correspon | dence concerning this mat | ter to the following: | | |
| | David | HERMAN DE Name of Contact Person | <u>Z</u> | |
| | · | M F) S Firm/ Company | | |
| | 3000 NUN | NORSITU 1) | RE | |
| | | | 2 33065 | |
| | | | A Look. Com | |
| | ncerning this matter, pleas | | | |
| David L | Jernande 3 | <u> </u> |) <u>34-6 - 7 2 88</u> de & Daytime Telephone Number | _ |
| | ontact Person : following amount made p | | | |
| S35 Filing Fee | ☐\$43.75 Filing Fee & 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) | |

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee