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COVER LETTER

TO: Amendment Section

Division of Corpora	tions		
NAME OF CORPORA	01500	HANA INC	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this man	tter to the following:	•
	, , , , , , , , , , , , , , , , , , ,		
	An	GI G REI	DDY
		Name of Contact Person	1
_		Firm/ Company	
	3805	SHOREVIE	EW DRIVE
_			
	KISSII	Address MMEE FL City/ State and Zip Code	34744
			_
	97Rddyani	ig whotmail	
	E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, please call:			
ANGI G	REDDY	at (201	, 800-1963
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
S35 Filing Fee	₹43.75 Filing Fee & Certificate of Status	\$\square\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Maili</u>	ng Address	Street	Address
• •••	inent Section	2 227222	ment Section
Division of Corporations			n of Corporations
P.O. Box 6327 Tallahassee, FL 32314		2661 E	Building xecutive Center Circle
	•	Tallaha	issee, FL 32301

16.7.20 T. T.

Articles of Amendment to Articles of Incorporation of

ATLAS HANA	INC	
(Name of Corporate	Ion as currently filed with the Flori	la Dept. of State)
P15000100	847	
(Docur	ment Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corpor	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:	
ATLAS V/S	SIDNSOFT INC	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co" or the designation "Corpword" chartered," "professional association," or the	rd "corporation," "company," or " p," "Inc," or "Co". A professional a abbreviation "P.A."	incorporated or the abbreviation corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		
<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
(Mauing address MAY BE A PUST OFFICE BU	<i></i>	
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered		the name of the
Name of New Registered Agent	**************************************	
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		ligations of the position.
Sig	mature of New Registered Agent, if ch	anging

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 = ChiefExecutive 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 PTO.

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: XChange	<u>P7</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			N/1-
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5/ Change			
Add			
Remove			
б) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	$-H_{k}$
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate NA)	hange, reclassification, or concellation of issued shares, endment if not contained in the amendment itself:
	Ala
	\ M .

The date of each amendment(s) adoption:	, if other than the
Effective data if analicable	
(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately	ng groups. The following statement rately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficie	nt for approval
by	·
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without s action was not required.	hareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without share action was not required.	holder action and shareholder
Dated May 16, 2016 Signature Dee	
Signature) e e	e
(By a director, president or other officer – if di selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
ANGI G R (Typed or printed name of p	REDDY erson signine)
	-
PRESIDE	<u> </u>
(Title of person	signing)