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(Ac	idress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AT MACHINERY,	, INC.				
DOCUMENT NUMB	P16000003098					
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.				
Please return all corresp	oondence concerning this ma	tter to the following:				
1	PABLO DOMINGUEZ					
-		Name of Contact Perso	on			
	AT MACHINERY, INC.					
-	Firm/ Company					
9	9450 POINCIANA PLACE,	#216				
-		Address				
1	DAVIE, FL 33324					
-	-	City/ State and Zip Cod	de			
1	pablo.d@atmsolinc.com					
-	E-mail address: (to be us	ed for future annual repor	rt notification)			
For further information	concerning this matter, pleas	se call:				
PABLO DOMINGUE	Z	at (³⁸⁶	589-3977			
Name o	f Contact Person	Area C	ode & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)			
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amer Divis The (2415	t Address adment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303			

Articles of Amendment to Articles of Incorporation of



AT MACHINERY, INC.			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P1600003098			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following	; amendme	
A. If amending name, enter the new name of the corporation:			
A J.	W	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain		
B. Enter new principal office address, if applicable:	9450 POINCIANA PLACE, #216		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DAVIE, FL 33324		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9450 POINCIANA PLACE, #216		
	DAVIE, FL 33324		
D. If amonding the veristaned egent and/on veristaned effice ad	duess in Florida antaratha nama afah-		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent			
- m - i			
(Fiorida S	treet address)		
New Registered Office Address:	, Florida	lada)	
	(Zip C.	oae)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia.	nt: - 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 = 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 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 D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action	Title		Name	<u>Addres</u> s
(Check One)	P/S		PABLO DOMINGUEZ	9450 POINCIANA PL, #216
1) X Change				DAVIE, FL 33324
Add				
Remove				
2)Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
, Add				
Remove				

	nal sheets, if necessary).	(Be specific)			
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	08/12/2020	, if other than the
The date of each amendm	ent(s) adoption:	, v
date this document was sign	ned. 08/12/2020	
Effective date if applicabl		
Effective date	e: (no more than 90 days after amendment file date)	
Note: If the date inserted document's effective date of	in this block does not meet the applicable statutory filing requirements, on the Department of State's records.	this date will not be listed as the
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was action was not required	were adopted by the incorporators, or board of directors without sharehold.	ler action and shareholder
■ The amendment(s) was by the shareholders was	/were adopted by the shareholders. The number of votes cast for the amen is/were sufficient for approval.	dment(s)
☐ The amendment(s) was must be separately pro	Nowere approved by the shareholders through voting groups. The following avided for each voting group entitled to vote separately on the amendment(statement (s):
	votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
<u>-</u> -	(voting group)	
0	8/12/2020	
Dated_	ENTROPOZ.	
Signatu	(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	ot been ther court
	PABLO DOMINGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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