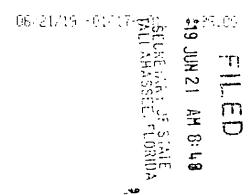
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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	· -
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	<u> </u>

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· ROTEDER

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: ATC ENGINEERING INCOMMENT NUMBER: P160000 24001
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person ATC ENGINFERING TAX. Firm/ Company 9145 SW 40 ST STR 1B Address Address City/ State and Zip Code INFO W ATC FLOQIDA. NEX E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TLDELIS ALVARES at (786), 985 4-751 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
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle

Tailahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

ATC ENGINE	ERING INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 16 0000 2	1001
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/L	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	The A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	N/A
(Florida stree	address)
New Registered Office Address; (C	, Florida (Zip.Code) (Zip.Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent.—I am familiar wid	h and accept the oblivations of the position?
NA	h and accept the obligations of the position.
Signature of Few Reg	istered Agent, if changing

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.

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>	Name	Address
1) Change	<u> </u>	LUIS KODRIGI	12 14619 SW 99ST
Add			maan PL 33186
Remove			
2) Change			
Add			
Remove			
3) Change			<u></u>
Add			
Remove			
4) Change			——————————————————————————————————————
Add			0 0 D
Remove			10 A 68
5) Change			
Add			41 The statement of the
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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provisions for implementing the ame	range, reclassification, or cancellation of issued in the amendment itse	
(if not applicable, indicate N/A)		m~ Mo ₃
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	<i>≥</i> <u>∞</u>
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)  [TLDPLIS ALVARE Z	FILED  9 JUN 21 AH 8: 49  ECFE PAR OF STATE LAHASSEE, FINALE
(Typed or printed name of person signing)	
President	
(Title of person signing)	