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## COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: AMerican Technological Solutions Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brian C. Newton American Technological Solutions
Firm/ Company 728 Lake Avenue, Le Address tech 5610 amail. com address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & []\$43.75 Filing Fee & **□\$**52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment

to

## Articles of Incorporation

of 17 mm (m 1 m 1 2
American Technological Solutions Inc- (Name of Corporation as currently filed with the Florida Dept. of State)
P1600009010
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS )
-
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
(Stating datress MAT BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Bripa Newton
728 Lake Ave
New Registered Office Address: Lko Woth , Florida 33460 (City) - (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Sibnatural of Nova Ranjetarud Japan, 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.

Example: <u>X</u> Change	<u>PT</u> <u>John</u> J	<u>-</u> <u>Doe</u>		
X Remove	<u>V</u> <u>Mike Jones</u>			
X Add	SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	P	Anthony Fedele	1959 whitney way	
Add		l	1959 whitney way	
Remove			33760	
2) X Change	$\Theta^-$	BriAn Newton	2215 Vero Beach Lane	
Add		-	West Parm Beach	
Remove			FL, 33411	
3 ) Change				
Add				
Remove			<del></del>	
4) Change		<del></del>		
Add				
Remove				
5) Change			, <del></del>	
Add			·	
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the amo (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the amount of the implementation (if not applicable, indicate N/A)	
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provisions for implementing the ame (if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 7/7/2017, if other than the date this document was signed.
Effective date if applicable: 7/8 2017  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
☐ 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.
Dated 7/07/2017
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)
Brian Newton (Typed or printed name of person signing)  Tresident
(Typed or printed name of person signing)
Tresident

(Title of person signing)