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ALLAHASSER FLORINA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ATA GENERAL!	SERVICES CORP		
DOCUMENT NUM	BER: P17000060511			
	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MICHELLY FERREIRA			
		Name of Contact Perso	n	
	CAMPANA GROUPS INC			
		Firm/ Company		
	15510 ASPEN HILLS LANE	E 1212		
		Address	· · · · · · · · · · · · · · · · · · ·	
	CHARLOTTE, NC 28277			
		City/ State and Zip Cod	e	
MICE	IELLY@CAMPANAGROUS	PS.COM		
	n-mail address; (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call: 954	228-0706	
Name of Contact Person			de & Daytime Telephone Number	
	r the following amount made			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assec, F1, 32301	

Articles of Amendment to Articles of Incorporation of

ATA GENERAL SERVICES CORP

(Name of Corporation as current)	y filed with the Florida Dept. of State	2)
P17000060511		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	Co". A professional corporation nam	r the abbreviation we 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)		
D. If amending the registered agent and/or registered office addi	ress in Florida, enter the name of the	FILED OT 23 PM
new registered agent and/or the new registered office address	<u>:</u>	
Name of New Registered Agent		
(Florida str	vet address)	
New Registered Office Address:	Florida	
	(City)	(Zīp Code)
(Florida str New Registered Office Address:	(Cuy) Florida	-
Signature of New R	Registered 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 Doc 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>15.1.</u>	John D	<u>oc</u>	
X Remove	Ϋ́	Mike Jo	ones	
X Add	<u>sv</u>	Sally <u>-S</u> a	nnith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	MNG		RAIMUNDO SILVA JUNIO	3430 W HILLSBORO BLVD 207
X Add		. _		COCONUT CREEK
Remove				FLORIDA - 33073
2) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		-		
Add			·	
Remove				
21 27				
6) Change	- -			
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	<u>.cles, enter change(s) here</u> : (Be specific)
·	
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following stater for each voting group entitled to vote separately on the amendment(s):	nent
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/03/20 Dated)17	
	to 1 ft.	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other commed fiduciary by that fiduciary)	
	THIAGGO FIGUEIREDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	