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DEC 12. 2021 ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR:	ATION: A+BA	ISAR Com	ipany	
DOCUMENT NUMBI	ER: P180000	73048		
The enclosed <i>Articles o</i>	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	7 - 1	. 00 6		
_	291	Name of Contact Perso		
	_			
-	4	teasar Co	MEDNA	
	1210 sw 3	Firm/ Company	.+	
-		Address		
_	Fort Lau	derdale, F	33315 le	
		City/ State and Zip Cod	le '	
	29iR.maio	rov @ gv	nail. com	
_	E-mail address: (to be us	ed for future annual report	t notification)	
For further information	concerning this matter, pleas	se call:		
2 gir	MATOROV Contact Person	at (305	6997279 ode & Daytime Telephone Number	
Name of	Contact Person	Area Ce	ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
	Box 6327	The C	entre of Tallahassee	
Tallal	hassee, FL 32314	2415	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Atbasac	Company	
(Name of Corporation as currentl	y filed with the Florida Dept. or	State)
P 1800007304.	8	
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adop	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
ATS Compan	~ Y	The new
name must be distinguishable and contain the word "corporation," "e "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P A."	company," or "incorporated" or 1-professional corporation name	the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	177
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
C. Enter new mailing address, if applicable:	.1.	:
(Mailing address MAY BE A POST OFFICE BOX)	NA	
		U\
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address Name of New Registered Agent N		of the
(Florida str	veer address)	
New Registered Office Address: VA	ī,	1.4
New Registered Office Address:		orida <u> </u>
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar s	<u>:</u> with and accept the obligations o _i	the position.
N/A	egistered Agent, if changing	
Signature of New R	egistered 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 = 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: X Change	PT John D	<u> </u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MA		
Add			
Remove	d s		
2) Change	MA		
Add			
Remove 3.) Change	MA		
Add			
Remove			
4) Change	MA		
Add	·		
Remove			
51 Change	MA		
Add	·		
Remove			
6)Change	NA		
Add	·		* 41 - 41
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares. provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, Indicate NA)	Attach additional sheets, if r	iecessary). (Be :	specific)				
If an amendment provides for an exchange, reclassification, or cancellation of issued shares. provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate Not)	NIA						
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)							
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(if not applicable, indicate N/A)	provisions for implementi	ing the amendme	nt if not contai	ned in the amen	dment itself:	<u>`?</u> ,	
1/A	(if not applicable, indic	cate N/A)					
	V/A						
	·					·	
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The date of each amendment(s) adopt date this document was signed.	ion:	N/A	if other t	than the
•	11/1	6/2021	ieni file date)	
	(no more than	90 days after amendn	em file date)	
Note: If the date inserted in this block document's effective date on the Depart			requirements, this date will not be listed	d as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☑ The amendment(s) was/were adopted action was not required.	I by the incorporators, c	or board of directors w	thout shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici		The number of votes ca	st for the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each				
"The number of votes east for t	the amendment(s) was/v	were sufficient for app	roval	
by	V A (voting group)		<u>. </u>	
	(voting group)			
Dated	16/2021	<u></u>		
Signature	Muf			
selected, by	or, president or other of an incorporator - if in iduciary by that fiducia	the hands of a receive		
	Zair Majo	Rov		
	(Typed or printe	ed name of person sign	ing)	
	President			
 .	(Title of person			