## P18000097919

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATLANTA INVE	STMENTS CORP			
DOCUMENT NUME	BER: P18000097919				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Sonia Bleier				
	Name of Contact Person				
	ATLANTA INVESTMENTS CORP				
•	Firm/ Company				
	1200 Brickell Ave Ste: 1220				
•	Address				
	Miami, FL 33131				
	<del></del>	City/ State and Zip Code			
	sawyehs@aol.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Paloma Menezes		at ( 305	379-4400		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

FILED

2020 OCT 19 PM 4:42

	OF STATE
(Name of Corporation as current	ly filed with the Florida Dept. of State) HASSES, FI
18000097919	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Document Number of	of Corporation (if known)
	Florida B. Co. Co
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	rioriaa Projit Corporation adopts the following amendmen
·	
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporation," ". nc.," or Co.," or the designation "Corp," "Inc," or "Co". A hartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
Enter new principal office address, if applicable;	
rincipal office address MUST BE A STREET ADDRESS)	
	-
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Bf a man dismath a mariata wall a mand a made a mainta and a fffice add a fffice and a	
If amending the registered agent and/or registered office add- new registered agent and/or the new registered office address	
	_
Name of New Registered Agent	
(Florida str	reet address)
(Florida str New Registered Office Address:	(City) (Zip Code)

☐ 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)

Example:

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	PT Joh	John Doe		
X Remove	<u>V</u> <u>Mil</u>	ke Jones		
X Add	SV Sal	ly Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	P/D	CASTRO, HERMAN	12769 MAYPAN DRIVE	
Add			BOCA RATON, FL 33428	
X Remove				
2) Change	P/VP 	CASTRO, YOLANDA	12769 MAYPAN DRIVE	
Add			BOCA RATON, FL 33428	
X Remove 3) X Change	P/VP/D	BLEIER, SONIA	12769 MAYPAN DRIVE	
Add			BOCA RATON, FL 33428	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	dding additional Ar sheets, if necessary)	. (Be specific)	<del></del>			
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	provides for an exc	.b	4:		L	
ovisions for in	nplementing the am	endment if not co	nntained in the ac	nendment itself	nares.	
(if not applic	able, indicate N/A)			incircular reserve	<del>-</del>	
				<u>.                                    </u>		
					,	
					,	

	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requiremen Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	sst for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Octob Dated	er 2, 2020 DocuSigned by:	
Signature _	Sonia Bluer	_
(By a selec	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or o inted fiduciary by that fiduciary)	
	BLEIER, SONIA	
	(Typed or printed name of person signing)	<del></del>
	DIRECTOR	
	(Title of person signing)	