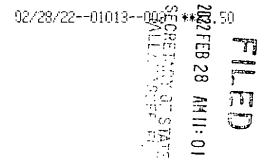
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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
·	(Business Entity Name)
	(Document Number)
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2022 FEB 28 AM 10: 23

O SIMMONS FEB 2 8 2077

COVER LETTER

TO: Amendment Section Division of Corporation				
NAME OF CORPOR	ATION: ATLA	ANTIC WIND	& SOLAR INC.	
DOCUMENT NUMBI	er: <u>P 19</u>	0000 6425	2	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	K	EVIN BAGN	ALL	
_		Name of Contact Person	_	_
_	ATLANT	Firm/ Company	& INFRASTRUCTURE	CSP
	4600	140m Aue	N 1	
ند	<u> </u>	Address		
	G.E.	AR WATER	FL. 33762	
-		City/ State and Zip Code		
	kba	anall Dapo	licorp.com	
_		ed for future annual report	•	
For further information	concerning this matter, pleas	se call:		
Tommy	ALTREDO	at (Apt	, 403 0597	
Name of	Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	

Mailing Address
Amendment Section
Division of Corporations

P.O. Box 6327

Street Address
Amendment Section

Division of Corporations

The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FILED

ATLANTIC	BOHW	Sounz.	\NC 2022 F	EB 28 AM II: 02
(Name of Corporation	as currently filed v	vith the Florid	a Dept. of State	?)
	190000	6425	1/4:	CHARY OF STATE
(Documer	nt Number of Corpor	ration (if knows	1)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida	Profit Corpora	ntion adopts the f	following amendment(s) to
A. If amending name, enter the new name of the corp	poration:			
ATLANTIC CO	SWER& NF	RASTEC	rine Lof	The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	poration," "company or "Co". A profes	v, " or "incorpo	rated" or the abi	breviation "Corp.," t contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u></u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))		<u>-</u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter	the name of the	<u> </u>
Name of New Registered Agent				
	(Florida street addre	ess)		
New Registered Office Address:			, Florida	
	(City)	"		(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It		l accept the obl	ligations of the p	osition.
Signati	ure of New Registere	ed Agent, if cha	nging	

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)

Add

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: PT X Change John Doe V X Remove Mike Jones <u>X</u> Add SV Sally Smith Address Type of Action Title <u>Name</u> (Check One) 1) ____ Change ____ Add _ Remove 2) ____ Change ____ Add Remove 3) ____ Change ____ Add Remove 4) ____ Change Add __ Remove 5) ____ Change ____ Add __ Remove 6) ____ Change

	n <mark>g or adding additional</mark> / litional sheets, if necessar	y). (Be specific)			
				. <u>-</u>	
					<u> </u>
					
		LIVE T			
•	idment provides for an e	exchange, reclassificat	tion, or cancellation o	fissued shares,	
t an amer	s for implementing the a		tained in the amenom	ient itsejr:	
provision	t applicable, indicate N/A				
provision	t applicable, indicate N/A	,			
provision	t applicable, indicate N/A				
provision	t applicable, indicate N/A				
provision	t applicable, indicate N/A				
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provision	t applicable, indicate N/A				
provision	t applicable, indicate N/A				
provision	t applicable, indicate N/A				
provision	t applicable, indicate N/A				

•

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The j must be separately provided for each voting group entitled to vote separately on the am	following statement endment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
Dated 28 m Fre 2022	7.1
Signature Koun Bag	ner
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
Kevin Bras	MC
(Typed or printed name of person signing)	
PRESI ROWE	Can

(Title of person signing)