## P2100002Z191

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: A1 GLOBAL TEC	HNOLOGIES CORP.	
DOCUMENT NUM	BER: P21000022191		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	ITALO TORRESE		
		Name of Contact Persor	1
	LATIN AMERICA INVEST		
		Firm/ Company	
	444 BRICKELL AVE. SUIT	E 416	
		Address	
	MIAMI, FLORIDA 33431		
		City/ State and Zip Code	e e
	ITALOTORRESE@GMAIL	.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
ITALO TORRESE		305 at (	608-5170
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

AT GLOBAL TECHNOLOGIES CORP.

(Name of C	Corporation as currently	filed with the Florida Dept. of State)	
P21000022191	<del>-</del>		
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <b>I</b>	Florida Profit Corporation adopts the following	g amendment(s) t
A. If amending name, enter the new nam	e of the corporation:		
N/A	<u>-</u>		The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Cor," chartered," "professional association," or	p," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviatio professional corporation name must contain	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		444 BRICKELL AVE. SUITE 416	
		MIAMI, FLORIDA 33131	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
(Studing dadress <u>MAT DE ATOST OT</u>	TICL INJA		
D. If amending the registered agent and/o new registered agent and/or the new r			
Name of New Registered Agent	7/A		
			•
	(Florida stre	et address)	•
New Registered Office Address:	/A	, Florida	
The major was office function.		(Zip C	(ode)
New Registered Agent's Signature, if char	nging Registered Agent:		
I hereby accept the appointment as registere	ed agent. I am familiar w	ith and accept the obligations of the position.	2021
			. 21
	Signature of New Re	gistered Agent, if changing	· <u></u>
	V- V		
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.		,	
The amendment(s) issue theng fred purs	William 10. 007.0120 (11)	- 1 1 1 1 1 1 1 1.	<del></del> ట్ర

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.

X Change	$\overline{\text{b.t.}}$	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1)Change	SEC	ROSARIO GONZALES	444 BRICKELL AVE. SUITE 416
Add			MIAMI, FLORIDA
X Remove			33131
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4)Change		_	
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6)Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
-	
E If we arrande and arrandage for an arran	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
:N/IN	
N/A	

The date of each amendment(s) ad	5/15/2021 ontion:	, if other than the
late this document was signed.		
5/15/	2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del>.</del>
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without shareholder action and	l shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	2021
	or the amendment(s) was/were sufficient for approval	2021 JUN 21
by	(voting group)	
		7
5/15/21 Dated		; ; ;
Signature	Serio Gone (1)	
	ector, president or other officer – if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	ROSARIO GONZALES	
-	(Typed or printed name of person signing)	
,	SECRETARY	
•		

(Title of person signing)