## P22000021380

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06/27/23--01018--012 \*\*35.00

08/07/2023

23 JUN 27 PH 8: 10

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ATK CUSTOM Services COSP					
DOCUMENT NUMBER: P22000021380					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Urizar Adan Paxtor Gomez Name of Contact Person					
APR Custom Services Corp					
424 Lytle St Apt. B					
West Palm Beach, FL 33405 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a cheek for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is enclosed)					
Mailing Address Amendment Section  Street Address Amendment Section					

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

AVR Custom Service (Name of Corporation as current	US COFP Iv filed with the Florida De	pt. of State)		
P1100001380		,		
(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation	adopts the following	; amendm	ent(s) t
A. If amending name, enter the new name of the corporation:				
			The nev	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation	" or the abbreviation name must contain	a "Corp., the word	 d
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )				
/ A Thirty and Address Street Day 1 to 1 t			<del></del>	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<del></del>		
D. If amending the registered agent and/or registered office add	ress in Florida, enter the na	ame of the		
new registered agent and/or the new registered office address				
Name of New Registered Agent			23	
			<u> </u>	
(Florida st	reet address)		N 2	
New Registered Office Address:		, Florida		
	(City)	(Zip Ce	ode) 🔀	1
			 č:	7.
New Registered Agent's Signature, if changing Registered Agent			0	,
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligation	ns of the position.		
Signature of New R	Registered Agent, if changing			
Check if applicable				
$\square$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(c), r.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; CE() = 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: <u>X</u> Change	<u>PT</u>	John Do	oe			
X Remove	$\underline{V}$	Mike Jo	<u>nes</u>			
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	Title	\	Name		Addre <u>s</u> s	
1) Change	7.	) —	Odelkis	DayonAra	424 Lytle	St Apt B
_ <b>X_</b> _ Add			Kodrigue	ez Grullon	424 Lytle West Paim P	Seach, Fl
Remove				_	<del></del>	_ 3340
2) Change		_				
Add				_		
Remove Change		_				<u> </u>
Add				_		<del></del>
Remove				_		_
4) Change		_				
Add						
Remove				_		_
51 Change		_				
Add						
Remove  6) Change				_		<del></del>
Add						<del></del>
Remove				_	<del>-</del> -	

	Articles, enter change(s) here: y). (Be specific)	
	N	
If an amendment provides for an expressions for implementing the a	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	)	

The date of each amendment(s) ad	option:	, 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 bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes east for the amend ficient for approval.	dment(s)
	roved by the shareholders through voting groups. The following spach voting group entitled to vote separately on the amendment(s	
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	ector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other	
appoint	ed fiduciary by that fiduciary)	er come
-	Urizar Adan Poxtor Gome (Typed or printed name of person signing)	<del>Z</del>
	Resident	
	(Title of person signing)	