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And (EP 2 0 2017)

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: ATLAS CONTRA	CTORS, CORP.				
	BER:					
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.				
Please return all corre	spondence concerning this mat	ter to the following:				
	Marcelo E Osorio					
	Name of Contact Person					
	Atlas Contractors, Corp.					
		Firm/ Company				
	1800 SW 70 CT					
	Address					
	Miami, FL 33155					
		City/ State and Zip Code	e			
info@	gatlas-contractors.com					
		ed for future annual report	nutification)			
	L-man address, (to be as	ed for ideale annual report	notification)			
For further information	n concerning this matter, pleas	e call:				
Marcelo E Osorio		at (725-0806			
Name (Name of Contact Person Area Code & Daytime Teleph		de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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17 SEP 28 AH II: 19

ATLAS CONTRACTORS, CORP.		SEARTARY OF STATE
(Name of Co	rporation as currer	ntly filed with the Florida Dept. of State)
P95000093018		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	of the corporation:	
N/A		The new
	"Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
D. F. A	uliankin.	N/A
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
 If amending the registered agent and/or new registered agent and/or the new reg 	-	
N/A		
Name of New Registered Agent		
	(51)	who are all hands
N/A	·	street address)
New Registered Office Address:		, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if chang	ing Registered Age	nt:
		r with and accept the obligations of the position.
	 Signature of New 	Registered Agent, if changing

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	<u>v</u>		Marcel A Osorio	2201 Sw 81 Ave
Add				Miami, FL 33155
x Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding a (Attach additional sheets,	dditional Articles, e if necessary). (Be	nter change(s) h specific)	ere:		
N/A		- •			
				· <u>-</u>	
					
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F. If an amendment provid	les for an exchange,	reclassification.	or cancellation o	f issued shares,	
provisions for impleme	nting the amendme	nt if not <u>contain</u>	ed in the amendm	ent itself:	
(if not applicable, in N/A	iaicaie N/A)				
IN/A					<u></u>
				<u>-</u>	
		<u>. </u>			· -
		-			

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this deepartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(ufficient for approval.	s)
	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	ег
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
09/21/201 Dated Signature		
(By a c selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	Marcelo E Osorio	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	