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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Atlas Underwriters, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Braulio Ruiz

Name of Person

Atlas Financial Group, Corp.

Firm/Company

440 Sawgrass Corporate Pkwy Ste 112

Address

Sunrise, FL 33325

City/State and Zip Code

bruiz@atlasglobalnet.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Braulio Ruiz

Name of Person

at ( 954 )

318-7940

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Atlas Underwriters, LLC.**

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

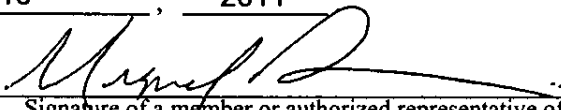
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>  | <u>Address</u>                                | <u>Type of Action</u>                                                      |
|--------------|--------------|-----------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | Braulio Ruiz | 19540 W Saint Andrews Dr<br>Hialeah, FL 33015 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |              |                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |              |                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 16, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Miguel Ruiz

\_\_\_\_\_  
Typed or printed name of signee