

L13000142520

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(City/State/Zip/Phone #)

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(Business Entity Name)

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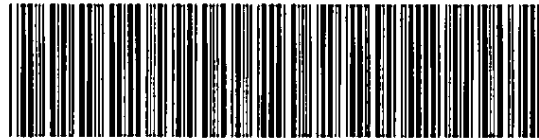
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2022 SEP 23 AM 11:43
SECRETARY
HALLMARKS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2022

JAMES A CHOUINARD , CPA
12611 NEW BRITTANY BLVD
BLDG 18
FORT MYERS, FL 33907 US

SUBJECT: ATS OF SWFL, LLC
Ref. Number: L13000142520

We have received your document for ATS OF SWFL, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 422A00018191

COVER LETTER

**TO: Registration Section
Division of Corporations**

RECEIVED

SUBJECT: ATS of SWFL, LLC
Name of Limited Liability Company

2022 JUN -2 AM 7:28

**SECRETARY OF STATE
TALLAHASSEE, FL**

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

Please return all correspondence concerning this matter to the following:

James A Chouinard, CPA

Name of Person

Chouinard, Massie & Reilly, CPA's, PLLC

Firm/Company

12611 New Birtany Blvd Bldg 18

Address

Fort Myers, FL 33907

City/State and Zip Code

jchouinard@ftmyersepa.com

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

For further information concerning this matter, please call:

Mari Poland

239 322-4701
at ()

Name of Person

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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ATS of SWFL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 SEP 23 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 8, 2013 and assigned
Florida document number L13000142520.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

John Poland

New Registered Office Address:

16601 Old US 41, Suite 102

Enter Florida street address

Fort Myres

Florida

33912

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrey Viktorivich Gudimov	6609 Highland Pines Circle	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: May 23, 2022 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 20th day of May, 2022



Signature of a member or authorized representative of a member

John Poland

Typed or printed name of signee