L18000113571

Division of Corporations

Florida Department of State
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DECON LLC

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10/19/1

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DECON LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/4/2018 and assigned Florida document number L18000113371.

This amendment is submitted to amend the following:

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

ATLAS PROPERTY RESTORATION LLC

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)

315 SE MIZNER BLVD.
Suite 202
BOCA RATON FL. 33432

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

315 SE MIZNER BLVD.
Suite 202
BOCA RATON FL. 33432

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

Name of New Registered Agent: MICHAEL CHANDROSS

New Registered Office Address: 1499 WEST PALMETTO PARK RD SU
Enter Florida street address

BOCA RATON, Florida 33486
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 com provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab company has been notified in writing of this change.

Michael Chandross
If Changing Registered Agent, Signature of New Registered A

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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Michael Adkins	315 SE MIZNER BLVD Suite 202 BOCA RATON FL. 33432	☑ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Chang
			☐ Add
			☐ Rem
			☐ Cha
			☐ Ad
			☐ Re
			☐ Ch

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: _____ **(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 605.02(

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 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 (b) The 90th day after the record is filed.

Dated OCTOBER 16, 2018

Michael Scaramellino

Signature of a member or authorized representative of a member

Michael Scaramellino

Typed or printed name of signee

Filing Fee: $25.00