L19000277678

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SUBJI	F C T∙	Ailas Excun	NGE 197, LLC
3000	BC1	Name of Lim	ited Liability Company
The en	uclosed Articles of	Amendment and fee(s) are sub	mitted for filing
		ondence concerning this matter	-
		ANDREW	W GUSTAFSON Name of Person
		- 	Name of Person
		ATLAS	Firm/Company
			Firm/Company
		1715	MARSH RUN
			Address
		NAPLE	=5, 1/2 34109
			City/State and Zip Code
			S @ A-1 LAS 1031. COM
		E-mail address: (to be used for future annual report notification)
For fu		oncerning this matter, please ca	ali:
	ANDREW	GUSTAFSON	at (950) 496 0090 Area Code Daytime Telephone Number
	Name o	f Person	Area Code Daytime Telephone Number
Enclos	sed is a check for the	ne following amount:	
1 \$2	25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:
	Registration S Division of C		Registration Section Division of Corporations
	P.O. Box 632	•	The Centre of Tallahassee
	Tallahassee, l		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLAS &	TYCHANGE	197,	LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now a Limited Liability Comp	ippears on o pany)	ur records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L19000277678</u>	ompany were filed c 	on <u>Nov</u>	6,2019	and assigned
This amendment is submitted to amend the following:				2020 MAY SECRET
A. If amending name, enter the new name of the limi	ted liability compa	ny here:		
The new name must be distinguishable and contain the words "Limi	LLC			
The new name must be distinguishable and contain the words "Limi	ited Liability Company,	" the designa	ion "LLC" or th	ie abbreviation #L.C."
Enter new principal offices address, if applicable:	1 40	5 8		7
(Principal office address MUST BE A STREET ADDR	ESS)			क्रात
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on o	our record	s, enter the r	name of the new registere
Name of New Registered Agent:				
New Registered Office Address:			· · · · · ·	
	Ente	er Florida str	eet address	
			, Florida	
	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>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
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effectiv	e date is listed, t	the date must be spo d in this block do	eific and ca	annot be pric			than 90 days a	fter filing.) Pur	
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ord spe filed.	ecifies a delay	ed effective date,	but not ar	effective	time, at 12:	:01 a.m. on	he earlier of	(b) The 90	th day after th
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