

M24000006565  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000196140 3))



H240001961403ABC.

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : NRAI SERVICES, LLC  
Account Number : I2008000104  
Phone : (302)674-4089  
Fax Number : (302)674-5266

2024 JUN -4 PM 1:50  
STATE DEPT. OF CORP. AFFAIRS  
TALLAHASSEE, FLORIDA

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: annualreports@nrai-services.com

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2024 JUN -4 PM 1:18

STATE DEPT. OF CORP. AFFAIRS  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ATLASS HARDWARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

FILED  
2024 JUN -4 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Atlas Hardware, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address)  
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: 14901 W 117th St  
(Mailing address)  
MAY BE A POST OFFICE BOX  
Olathe, KS 66062

2. The Florida document number of this limited liability company is: M24000006565

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 5/21/2024

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: NRAI Services, Inc.

New Registered Office Address: 1200 South Pine Island Road

*Enter Florida Street Address*

Plantation, Florida 33324  
*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.*

/s/ Tina Lipko, VP

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Jason Atlass</u>	<u>1919 SW 2nd St.</u>	<input type="checkbox"/> Add
		<u>Pompano Beach, FL 33069</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>Integrated Openings Solutions, LLC</u>	<u>5218 126th Ave N</u>	<input checked="" type="checkbox"/> Add
		<u>Clearwater, FL 33760</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

/s/ Johannes Lopez

Signature of the authorized representative

Johannes Lopez

Typed or printed name of signee

Filing Fee: \$25.00

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STATE OF FLORIDA  
TALLAHASSEE

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# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATLASS HARDWARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLASS HARDWARE, LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2024 JUN -4 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

3363909 8300

SR# 20241919943

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203413720

Date: 05-07-24

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