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| Consideration to Siling Officer |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
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| | | CIATES, L.L.C. | | 202: DIV TV |
| SUBJEC | cr: | Name of Limi | ted Liability Company | 2023 NOV 2 |
| | | Amendment and fee(s) are subr | | ENT OF SEE, FL |
| Please re | eturn all correspo | ndence concerning this matter t | to the following: | 0810.4 0810.4 0810.4 |
| | | Andrew Neitlich | | , |
| | | | Name of Person | |
| | | ATN ASSOCIATES, L.L. | . | |
| | | | Firm/Company | |
| | | 1088 Mallard Marsh Drive | | |
| | | | Address | |
| | | Osprey, Florida 34229 | | |
| | | andrewneitlich@yahoo.com | City/State and Zip Code | |
| | | | to be used for future annual report notificat | tion) |
| For furt | her information c | oncerning this matter, please ca | all: | |
| Andrev | v Neitlich | | 941 539-9623 at () | |
| - | Name o | f Person | Area Code Daytime Te | elephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| □ \$ 25 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres | | Street Address: Registration Section | on |

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

FILED

2023 NOV 21 AM 8: 25

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

ATN ASSOCIATES, L.L.C.

(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 April 10, 2006 and assigned Florida document number L06000037050 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Andrew Neitlich, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida _ Ciny

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 | T | ype of Action |
|--------------|----------------------|--------------------------|--|---------------------------|
| AMBR | Andrew Neitlich | 1088 Mallard Marsh Drive | | ■Add |
| | | Osprey, Florida 34229 | | □Remove |
| | | | | □Change |
| MGR | Andrew Neitlich | 1088 Mallard Marsh Drive | | _ □Add |
| | | Osprey, Florida 34229 | | _ ■Remove |
| | | | | _ |
| MGR | Elena Marie Neitlich | 1088 Mallard Marsh Drive | | _ 🗆 Add |
| | | Osprey, Florida 34229 | | _ = Remove |
| | | | | _ □Change |
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| Effect | ive date, if other than the date | of filing: | (optional) |
| (If an ef Note: | lective date is listed, the date must be sp If the date inserted in this block d | pecific and cannot be prior to date of filing or mo- loes not meet the applicable statutory filing | ore than 90 days after filing.) Pursuant to 605.0207 (g requirements, this date will not be listed as t |
| | nent's effective date on the Departi | ment of State's records. | |
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Filing Fee: \$25.00