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COVER LETTER

10: Registration Se Division of Cor			
SUBJECT:	ATLAS	1031 ExCHANA	E, UL
	Name of Lim	nited Liability Company	:
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ant	onew W. Gustag	SON
		Name of Person	
	A	TLAS 1031 Sket	IANGE, LLL
		1725 MANSI-A	RUN
		NAPLES, TIL :	34109
		City/State and Zip Code	
	E-mail address: (Dhv3 (ATLAS 1631. to be used for future annual report not	tou
For further information c	oncerning this matter, please c		
Anguer	(GUSTAFSON	at (<u>BSU)</u> 44b Area Code Daytin	.0090
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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 coclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATUAS 1031	9xCHANGE	LLC
(Name of the Limited Liability Compar (A Florida Limited I.	was it now appears of our lability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	- 22, 2001 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
		VISIO
		5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enter new mailing address, if applicable:		27
(Mailing address MAY BE A POST OFFICE BOX)		고
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		cords, <u>enter the name of the ne</u>
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street	address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of	performance of my duti rovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MERM	Angen W. GUSTAGSO	N 1725 MANISH RUN NAPLES, FL 34109	 _□ Add
i.		NAPLES, FL 34109	□ Remove
			Change
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