L11000101875

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COVER LETTER

,

SUBJECT.	ATMR&D, LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
	ALF	ALFRED W. TORRENCE, JR.				
	·	Name of Person	•			
	THORNTON, TORRENCE & BARNETT, P.A.					
		Firm/Company				
	6709	RIDGE ROAD, SUITE 1	06			
		Address				
	pr	ORT RICHEY, FL 34668				
		City/State and Zip Code	 			
	ATORRENCE	@THORNTONTORRE	NCE.COM			
	E-mail address: (to be used for future annual report	notification)			
For further information	concerning this matter, please	call:				
MAF	RIE ANTONIETTI	at (727)	845-6224			
	of Person		sytime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Se				
		Division of Co Clifton Buildir 2661 Executiv Tallahassee, Fl	ng e Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATMOSO IIC

FILED

11 OCT 25 AN II: 42

SECRETARY OF SET

	ATIVINAD, LLC	- LLAMASS	EF FINOIS
(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now appearida Limited Liability Company)	rs on our records.)	E. FLORIDA
		• • •	· í
The Articles of Organization for this Limited Liabili	ty Company were filed on	09/06/2011	and assigned
lorida document number L11000101875	5		
his amendment is submitted to amend the following	g:		
a. If amending name, enter the new name of the	limited liability company her	<u>re</u> :	
	MIND, LLC		
he new name must be distinguishable and end with the L.L.C."	words "Limited Liability Compa	any," the designation "L	LC" or the abbrevia
Enter new principal offices address, if applicables		,	
Principal office address MUST BE A STREET AI	DDRESS)		
nter new mailing address, if applicable:			····
Mailing address MAY BE A POST OFFICE BOX	0		
. If amending the registered agent and/or re	egistered office address on o	our records, <u>enter t</u>	he name of the r
egistered agent and/or the new registered office a	address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ess
		. Florida	
	City	,	Zip Code
Nam Basistand Assault Simotone if the simon Basis			•

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			
			——————————————————————————————————————
	<u> </u>		AddRemove
			Add Remove
. <u>.</u>			Add Remove
D. If amer	nding any other information, o	enter change(s) here: (Attach additional sh	neets, if necessary.)
-			SECRE PALLA
_			FILED TARY OF S MASSEE, FL
Dated	OCTOBER 20	,	II: 43
	Signature	of a member or authorized representative of a ALFRED W. TORRENCE JR. Typed or printed name of signee	nember

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Filing Fee: \$25.00