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12 JAN -4 PH 2: 56
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COVER LETTER

10:	Division of Corporations			
SUBJE	TE: ATMOS TECHNOLOGY LLC Name of Limited Liability Company			
	Name of Limited Liability Company			
The enc	osed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
	Name of Person			
	Atmos Technology LLC Firm/Company			
	Atmos Technology LLC Firm/Company 4 800 SLO 515t St. # 10Le			
	Address			
	Davie 2L 33:314 City/State and Zip Code			
	City/State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
•	ariv alima at (800) - 888-8100			
	Name of Person Area Code & Daytime Telephone Number			
Enclose	is a check for the following amount:			
∑ \$25.0	Filing Fee \$\begin{array}{c} \$\\$30.00 \text{ Filing Fee & } & \begin{array}{c} \$\\$55.00 \text{ Filing Fee & } & \begin{array}{c} \$\\$60.00 \text{ Filing Fee,} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

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

FILE ..

Zip Code

•	OF	12 JAN -1 -			
Name of the Limited Liability Com (A Florida Limite	OLOGY LLC pany as it now appears on our record d Liability Company)	12 JAN -4 PM 2: 56 SECRETARY OF STATE SECRETARY OF STATE S.)			
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on 10 an 2011	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and end with the words "Limited Liability 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)					
	·				
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:					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida stree	et address			
	Florid	ام			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** *MGR Yaru Alima Remove ☐ Add ☐ Remove ☐ Add __ Remove Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 12-30-2011 Signature of a member or authorized representative of a member Typed or printed name of signee Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00