## 11200047282

(Requ	estor's Name)	
(Addre	ess)	<del></del>
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



200308298302

02/06/18--01019--036 \*\*25.00

RECEIVED FEB 0 5 2018

18 FEB -5 AM 7: 21

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

	gistration Sectivision of Corpo			
CUD IECT.	AATAC LLC			
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of Ar	nendment and fee(s) are sub-	mitted for tiling.	
Please retur	n all correspond	ence concerning this matter	to the following:	
		MR. SHYAMIE DIXIT, E	SQ.	
			Name of Person	
		DIXIT LAW FIRM		
		-	Firm/Company	
		3030 N ROCKY PT DR W	<sup>7</sup> #260	
			Address	<del></del>
		TAMPA, FL 33607		
			City/State and Zip Code	
		SDIXIT@DIXITLAW.CO	M to be used for future annual report ne	otification)
For further	information con	cerning this matter, please ca	•	
SHYAMIE	DIXIT, ESQ.		813 992-8118 at ()	
	Name of P	erson	Area Code Dayt	ime 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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

AATACLLC		
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L12000047282		
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	ility Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	1712 Pioneer Ave. Suite 100	SEC
(Principal office address MUST BE A STREET ADDRESS)	Cheyenne, WY 82001	RE T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15 AN 7: 21	ARY OF STATE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		<u>new</u>
New Registered Office Address:	Enter Florida street address	_
	. Florida	
	Cuy 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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			O Add
			□ Remove
			Change
			□ Remove
			□ Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change

	<del></del>	
		FEB
<del></del>		, s
		P 3
		AM 7: 21
		21
<del></del>		
		<u> </u>
<del> </del>		
Effective date, if other than	he date of filing:	(optional)
Note: If the date inserted in thi	block does not meet the applicable statutory fil	r more than 90 days after filing.) Pursuant to 605.0207 (3 ling requirements, this date will not be listed as the
document's effective date on th	Department of State's records.	
ne record specifies a dela The 90th day after the		e time, at 12:01 a.m. on the earlier of:
Dated January 31	2018	
	Signardre vi a member or authorized representati	

D.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00