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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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JUL 11 2013

T. C. ...

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATLAS RISK, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDGAR D. NUNES

Name of Person

ATLAS RISK, LLC

Firm/Company

132 MINORCA AVENUE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

GRIZEL@FORTIZCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRIZEL GIL

Name of Person

305 444-7333

Area Code & Daytime 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

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(Handwritten mark)

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>	<u>Address</u>	<u>Type of Action</u>
MGR	PAUL A. MARCHENA	132 MINORCA AVE.,	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL	<input type="checkbox"/> Remove
		33134	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

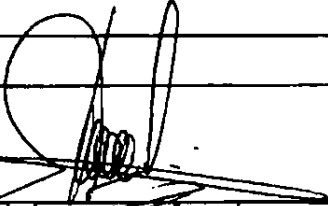
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①

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated **June 10th**, **2013**



Signature of a member or authorized representative of a member

EDGAR D. NUNES

Typed or printed name of signer

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Filing Fee: \$25.00

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