## L17000166741

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## **COVER LETTER**

TO: Registration Secti Division of Corpo				
SUBJECT: Atliss,	LLC			
SUBJECT:		ted Liability Company		
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please return all correspond	ence concerning this matter t	o the following:		
	L	aura Moore	Э	
		Name of Person		
	ESO E	quity Group	o, LLC	
		Firm/Company		
	150 Cocoa	Isles Blvd.	Suite 2	02
		Address		<del></del>
	Cocoa	Beach, FL	32931	
		City/State and Zip Code		<del></del>
-	E-mail address: (to	be used for future annual	report notification)	
For further information conc	perning this matter, please cal		•	
Laura M			783-525	2
Name of Pe	erson	Area Code	Daytime Telepho	one Number
Enclosed is a check for the f	following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$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**

Atliss, LLC					
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited I Florida document number L1300016674	iability Company were filed on 12	2/02/2014	_ and assigned		
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liability company he	ere:			
The new name must be distinguishable and end with the	words "Limited Liability Company," the	designation "LLC" or the abbre	eviation "L.L.C."		
Enter new principal offices address, if appli-	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>	<u>پ</u>		
		* ( - )	<u> </u>		
			U		
Enter new mailing address, if applicable:			ro : "		
(Mailing address MAY BE A POST OFFICE	BOX)		卫 ::1		
			<u>CO</u> ,,,,		
			ట		
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the	name of the nev		
Name of New Registered Agent:	ESO Property Manage	ement, LLC			
New Registered Office Address:	150 Cocoa Isles Blvd. Suite 202				
		ida street address			
	Cocoa Beach	, Florida <u>3</u> 29	31		
	City		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, E.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

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> Name **Address** 150 Cocoa Isles Blvd Lissak, Arie **MGR** □ Add Suite 202 ■ Remove Cocoa Beach, FL 32931 □ Add ☐ Remove ☐ Add □ Remove \_\_ □ Řemove □ Add ☐ Remove □ Add ☐ Remove

amend	, , '	·	
	A1 (80 A2 A A1 A		
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Filing Fee: \$25.00