## 114000000

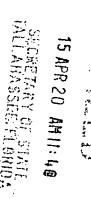
(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
	,	•
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
(LX.	ocument (vumber)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
!		

Office Use Only



000271433120

04/20/15--01042--018 \*\*25.00



Baltime of 29 ms

## **COVER LETTER**

TO: Registration S Division of Co			•
SUBJECT:	ATB	Consulting LLC	
Sobolecii.	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Tricia Bent	
		Name of Person	
		Firm/Company	
•		100 Par Place	
		Address	
		Lake Mary, FL 32746	
		City/State and Zip Code	
	E-mail address:	to be used for future annual report noti-	fication)
For further information of	concerning this matter, please o	all:	
Tricia	Bent	850 559-873	4
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

	ATB Consulting LLC		
(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document number L1400003092  This amendment is submitted to amend the followard and the followard for the new name of	iability Company were filed on owing:	01/07/2014	and assigned
The new name must be distinguishable and end with the	words "Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/registered agent and/or the new registered of	or registered office address on	our records, enter t	he name of the new
			S.
Name of New Registered Agent:	Tricia Bent		5% <b>3</b>
Name Passistanad Office Address			
New Registered Office Address:	Enter Flori	da street address	20 N
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	er and complete performance of r tered agent as provided for in C egistered office address, I hereby	ny duties, and I am fă hapter 605, F.S. Or, ij v confirm that the limi	miliar with and this document is ited liability

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tricia Epple	100 Par Place	
		Lake Mary, FL 32746	Remove
MGR	Tricia Bent	100 Par Place	Add
		Lake Mary, FL 32746	Remove
	<del></del>		Add
			Remove
			15 ADA
			SS Remove
			□ Remove
			Add
			□ Remove

, <u> </u>	
<del></del>	
	other than the date of filing:
the date this documen	
the date this document	nt is filed by the Florida Department of State)
the date this documen	nt is filed by the Florida Department of State)

Page 3 of 3

