

L14000058937

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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Amend - LLC

1. ATAG LP, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ATAG DELAWARE, LLC
(f/k/a Alterna Tax Asset Group, LLC)

12

August __, 2015

Via Courier:

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Consent to use former name

Ladies and Gentlemen:

On the date hereof, Alterna Tax Asset Group, LLC, a Delaware limited liability company, (Document number: M15000003341) filed an "Amendment To Certificate Of Authority To Transact Business In Florida" to change its name to ATAG Delaware, LLC. ATAG Delaware, LLC no longer will use the name Alterna Tax Asset Group, LLC.

One of ATAG Delaware, LLC's affiliates is the Florida limited liability company named ATAG GP, LLC (Document number: L14000058933). ATAG GP, LLC would like change its name to Alterna Tax Asset Group LLC. ATAG GP, LLC articles of amendment to change its name to Alterna Tax Asset Group LLC is being filed with the Division of Corporations contemporaneously herewith.

ATAG Delaware, LLC hereby consents to the use of the name "Alterna Tax Asset Group, LLC" by ATAG GP, LLC, in accordance with ATAG GP, LLC's Articles of Amendment filed with the Division of Corporations contemporaneously herewith.

Very truly yours,

ATAG DELAWARE, LLC

By:  FRIEDMAN FINANCIAL LLC, its Manager

By: _____

Albert Friedman, its Manager

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATAG GP, 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:

Christie Anderson

Name of Person

Alterna Tax Asset Group, LLC

Firm/Company

1801 South Federal Hwy, 2nd Floor

Address

Boca Raton FL 33432

City/State and Zip Code

candersen@alternacap.com

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

For further information concerning this matter, please call:

Michael Greenberg

305 667-3002
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ATAG GP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/09/2014 and assigned
Florida document number L14000058933.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Alterna Tax Asset Group LLC

The new name must be distinguishable and contain 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 street address

City

Florida

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

15 AUG 14, PM 9: 59
STREET OFFICE
TALAMON STREET LONDON

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 12 2015

Alfred
member or authorized representative of a member

Signature of a member or authorized representative of a member

Albert Friedman, Authorized Representative

Typed or printed name of signee