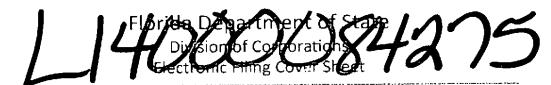
10/11/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: From:	Division of Corporations Fax Number : (850)617-6383 Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023	Abassit of beligg	GCT PM \$: 34	
annual	Phone : (512)418-6949 Fax Number : (954)208-0845 email address for this business entity to be used for report mailings. Enter only one email address please.	future	17 OCT 11	
	C AMND/RESTATE/CORRECT OR M/MG RESIGN ATLAS OPTIMA CONSULTING LLC Certificate of Status		AH 9: 53	D

Certificate of Status	0
Certified Copy	0
Page Count	05

Estimated Charge

\$25.00

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COVER LETTER

	Registration Sec Division of Corp			
		a Consulting LLC		
SUBJEC	T:	Name of Limi	ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please ret	urn all correspo	ndence concerning this matter t	to the following:	
		Kriston Kenific		
			Name of Person	
		The Kenific Group, Inc.		
			Firm/Company	
		3975 Fair Ridge Drive, Sui	te N250	
		-	Address	
		Fairfax, Virginia 22033		
			City/State and Zip Code	<u> </u>
		kris.kenific@kenificgroup.c		
			to be used for future annual report no	nutication)
For furthe	er information c	oncerning this matter, please co	all:	
John C. V	Weldin, Attorne	y-at-Law	703 347-2032	
	Name o	f Person	703 347-2032 at () Area Code Dayti	me Telephone Number
Enclosed	is a check for the	ne following amount:		
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Sect Division of Corp Clifton Building	porations
		ox 6327 assec, FL 32314	2661 Executive (Tallahassee, FL	Center Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlas Optima Consulting LLC				, , , , , , , , , , , , , , , , , , ,
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appearance in the state of the	is on our records.)	
The Articles of Organization for this Limited Liab				and assigned
Florida document number L14000084275			بعب ين	
Florida document number	····································			37 7
This amendment is submitted to amend the follow	ing:	:		Sici.
A. If amending name, enter the new name of t	he limited liab	ility company h	ere:	abbreviation "L.L.C." er the name of the new
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the	designation "LLC" or the abbrev	ristion "L C"
Enter new principal offices address, if applicat			e Drive, Suite N250	
(Principal office address MUST BE A STREET		Fairfax, Virgin		
(Principal office agaress MOGI BL./1 G5/12/1				
Enter new mailing address, if applicable:		3975 Fair Ridg	ge Drive, Suite N250	<u> </u>
(Mailing address MAY RE A POST OFFICE B)	OX)	Fairtax, Virgir	nia 22033	
(Mining man assessment)		,		
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered o ce address her	office address o	n our records, <u>enter the</u>	name of the new
Name of New Registered Agent:	n System			
New Registered Office Address:	1200 South Pit	ne Island Road		
New Registered Office Additions.	Emer Florida street address			
	Plantation		, Florida 33324	
	····································	City		Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent	<u>:</u>		

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

Page 1 of 3

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 = Anthorized Member

Title	Name	Address	Type of Action
MGR	Kriston Kenific	3975 Fair Ridge Drive, Suite N250	🖸 Add
		Fairfax, Virginia 22033	Remove
			□ Change
MGM	Amold S. Fariello, Dr.	3133 NW 83rd Way	
		Cooper City, Florida 33024	☐ Remove
			Change
			Remove
			☐ Change
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fective date, if other	er than the date of f	iling:	date of filing or mo	option ore than 90 days after	nal) filing.) Pursuant to 6	(3) 505.0207
oter if the date inser	f, the date must be specificated in this block does that on the Department	not meet the applicab	le statutory filing	g requirements, this	date will not be li	isted as the
e record specifles The 90th day aft	a delayed effections a delayed effection a delayed effect the record is file.	ve date, but not led.	an effective ti	Ime, at 12:01 a	.m. on the ear	rlier of:
October 11		2017	_ •			
	Kriston M		Dic	gitally signed by h	(riston M	იიიიალი
	Kenific:A0109	9800000015158 of a member or author	9115F10 \ Ko zed representati@a	nific:A010980000 6€₽ 20 9₹₹\$0.11 14	:17:58 -04'00'	0000200
V 3 (1 -	nific, CEO, The Kenif					
Kriston Ke	mine, CEO, The Kenn		name of signee		, <u></u>	

Filing Fee: \$25.00