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COVER LETTER

TO:

Registration Section
+ Division of Corporations

ATLAS INTERNATIONAL EXCHANGE 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:

Dennis Turner

Name of Person

Atlas International Exchange LLC

Firm/Company

144 Triple Diamond Blvd. Unit E

Address

North Venice, FI 34275

City/State and Zip Code

dennis@aiexusa.com

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

For further information concerning this matter, please call:

Dennis Turner

*..*941,488-1332

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLAS INTERNATIONAL EXCHANGE LLC

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

(A)	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L14000097848	ility Company were filed on June 17, 2014	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	TAIG #
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" of	or the abbreviation P.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		Same of the same o
		受益 も
Enter new mailing address, if applicable:		ممتع
(Mailing address MAY BE A POST OFFICE BO	2X)	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Floric	da
-	City	da Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my duties, and I red agent as provided for in Chapter 605, F.S sistered office address, I hereby confirm that t	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 **Title** <u>Name</u> **Address Type of Action** 144 Triple Diamond Blvd. Unit E ■ Add **Dennis Turner** MGR North Venice, FL 34275 Remove _□ Add ☐ Remove _□ Remove 🤝 _____ Remove □ Add

ective date, if other than the date of effective date must be specific, cannot be prior date this document is filed by the Florida Dep	to date of receipt or filed date and cannot be more than 90 days	ional) s after
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Filing Fee: \$25.00