## 1500005765

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	· · · · · · · · · · · · · · · · · · ·
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	-

Office Use Only



200299407392

08/22/17--01007--017 \*\*30.00

2017 AUG 21 PM 4: 39

K. SALY AUG 23 2017

## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT: CONN	ecting Our Reson	Arces To Everyone , Little Liability Company	-LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Greg Bryan	Name of Person	
	Connecting O	ur Resurces to Ev Firm/Company	veryone, LLC
	3200 Summit	Blvd Ste: 19° Address	157
	West Palm i	Seach FL 33406 City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Corea Bryant	f Person	at <u>(678</u> ) <u>637-4</u> Area Code Daytime	1654 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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

T	0
ARTICLES OF C	ORGANIZATION // K /
O	F 20/74/10
Connecting Our Pressurces To Exe (Name of the Limited Liability Compa (A Florida Limited I	ORGANIZATION  Property LLC  AND
Connecting Our Person To For the Inditity Company is in the appears on our records.)  (A Florida Limited Liability Company)  (A Florida document number 15,000005 165  (Brida document number 15,000005 165  (This amendment is submitted to amend the following:  (A. If amending name, enter the new name of the limited liability company here:  (A Has Digital Grow) LLC  (The new name must be distinguishable and colorain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  (Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  (Mailing address MAY BE A POST OFFICE BOX)  (Mailing address MAY BE A POST OFFICE BOX)  (Mailing address on our records, enter the name of th	
Florida document number <u>21500005765</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Atlas Digital Gray, LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
	434 Avenida Hermosa
Principal office address MUST BE A STREET ADDRESS)	West Valm Beach, FL 33405
Pater new malling addraga if anniisable.	DO B. 19957
.,	F.U. Ook 11191
'Mailing address MAY BE A POST OFFICE BOX)	West Yalm Deach, 12 33416
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
<u>AMBR</u>	Meyan Starapoli	2390 South Miami Ave	
		Miami, FL 33129	E Remove
		<del></del>	☐ Change
A-1-1-1	11.521		Add
			□ Remove
			Change
			Change  Change  Change
	<del></del>		Change 33
			☐ Remove
			Change
<del></del>	<del></del>		Add
		Remove	
		Change	
			Add
			□ Remove
			☐ Change

	<del>-</del>
	<del></del>
(mark)	3
	2 PX 4
	- 0g
	<del>।</del> इ.च
	<u> </u>
	—
	<del></del>
late, if other than the date of filing:	605.0207 listed as
specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the each day after the record is filed.	arlier of
14th 2017.	
Signature of a member or authorized representative of a member  Greeg Bryant  Typed or printed name of signee	-

Page 3 of 3

Filing Fee: \$25.00