L15000079271

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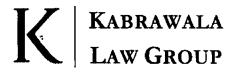


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HARRIE



The Kabrawala Law Group PLLC

190 East Morse Boulevard Winter Park, Florida 32789

> Tel: (407) 801-3330 Fax: (407) 602-7667

Chirag B. Kabrawala, Esq.[†]

† admitted in Florida and New York

Email: chirag@cbklawgroup.com Web: www.cbklawgroup.com

May 20, 2015

Via Overnight Mail

(850-245-6051)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization

Company: Atlas Affiliated LLC

Document No: L15000079271

Dear Sir or Madam,

Please find enclosed Articles of Amendment to the Articles of Organization of Atlas Affiliated LLC, a Florida limited liability company. These Articles of Amendment are intended to <u>add</u> Stephen Leo as an Authorized Member of the company. The Articles of Organization of the company are not changed in any other respect.

Enclosed is a check payable to the "Florida Department of State" for filing fees. Please feel free to call me at 407-801-3330 if you have any concerns or questions regarding this filing.

Very truly yours,

Chirag B. Kabrawala



COVER LETTER

TO:	Registration Sec Division of Corp				
CHD IE	ATLAS AF	FILIATED LLC			
SUBJE	Name of Limited Liability Company				
The encl	osed Articles of /	Amendment and fee(s) are sub-	mitted for filing.		
Please ro	eturn all correspor	ndence concerning this matter	to the following:		
		CHIRAG KABRAWALA			
			Name of Person	 	
		KABRAWALA LAW GR	OUP PLLC		
			Firm/Company		
		517 SHADY LANE DRIV	E		
			Address		
		ORLANDO, FLORIDA 32	2804		
			City/State and Zip Code		
		chirag@cbklawgroup.com			
		E-mail address: (t	to be used for future annual report notifica	ition)	
For furth	ner information co	oncerning this matter, please ca	all:		
CHIRA	G KABRAWALA	4	407 801-3330		
	Name of	Person	at () Area Code Daytime T	elephone Number	
Enclosed	d is a check for the	e 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 AFFILIATED LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	appears on our records.) Dany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L15000079271	on 05/05/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
	"I L' d' MIC" de la
The new name must be distinguishable and contain the words "Limited Liability Company.	
Enter new principal offices address, if applicable:	TASE 5
(Principal office address MUST BE A STREET ADDRESS)	
	HASSE
	SSI SSI
	የተገረግን
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	32
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ss on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	
Ent	ter 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>	Name	Address	Type of Action
AMBR	STEPHEN LEO	101 S. GARLAND AVE. #108	Add
		ORLANDO, FL 32801	□ Remove
			Change
		 	Add
			□ Remove
			Change
			Add
		<u> </u>	□ Remove
			Change
			Add
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			Add 2015
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			□ Remove
			Change

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