

L15000079271

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 26 2015
J. HARRIS



The Kabrawala Law Group PLLC

190 East Morse Boulevard
Winter Park, Florida 32789

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Chirag B. Kabrawala, Esq.[†]

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[†] *admitted in Florida and New York*

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 add 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 Section
Division of Corporations**

SUBJECT: ATLAS AFFILIATED 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:

CHIRAG KABRAWALA

Name of Person

KABRAWALA LAW GROUP PLLC

Firm/Company

517 SHADY LANE DRIVE

Address

ORLANDO, FLORIDA 32804

City/State and Zip Code

chirag@cbklawgroup.com

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

For further information concerning this matter, please call:

CHIRAG KABRAWALA

Name of Person

407 801-3330
at ()

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 AFFILIATED 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 05/05/2015 and assigned
Florida document number L15000079271.

This amendment is submitted to amend the following:

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

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)

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TALLAHASSEE, FLORIDA

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

Florida

City

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>
AMBR	STEPHEN LEO	101 S. GARLAND AVE. #108	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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

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