

L160000001172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

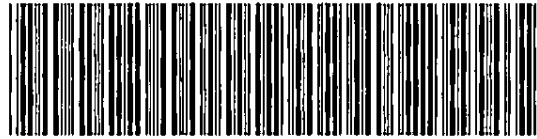
(Business Entity Name)

(Document Number)

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2021 APR -1 P 2:45

FILED

S.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATL Information Systems, 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:

Paula Yandell

Name of Person

ATL Information Systems, LLC

Firm/Company

937 Dixon Blvd

Address

Cocoa FL 32922

City/State and Zip Code

paula@alltheleads.com

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

For further information concerning this matter, please call:

Paula Yandell

Name of Person

at (321)

Area Code

503-0000 (ext 2005)

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
2008 APR - 1 P 2:45

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ATL Information Systems, 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 12/31/2015 and assigned
Florida document number L16000001172

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)

937 Dixon Blvd

Cocoa FL 32922

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

937 Dixon Blvd

Cocoa FL 32922

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:

Paula Yandell

New Registered Office Address:

937 Dixon Blvd

Enter Florida street address

Cocoa

City

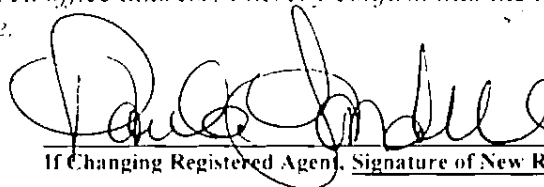
Florida

32922

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

APR - 2016
11:11
2016

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	BATT ENTERPRISE, LLC	2400 S OCEAN DRIVE	<input type="checkbox"/> Add
		V1026	<input checked="" type="checkbox"/> Remove
		FORT PIERCE, FL 34949	<input type="checkbox"/> Change
AMBR	RESOLUTIONS REAL ESTATE SERVICES, LLC	4700 Millenia Blvd.	<input type="checkbox"/> Add
		#175-90695	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32839	<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"/> Remove
			<input type="checkbox"/> Change

7/21
APR 1
P 2:45
Change
Add
Remove
Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 12, 2021



Signature of a member or authorized representative of a member

Tim Yandell, The Network Group Inc

Typed or printed name of signee

2021 APR 1 P 2 44