

L16 0000 96363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

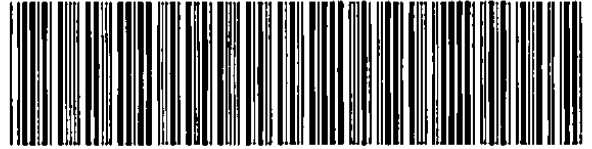
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500355444315

11/23/20--01011--003--25.00

2020 NOV 23 PM 12:59

FILED

12/28/20  
[Signature]

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ATSH Advanced Technology Solutions FOR Humanity, 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:

Aaron J. Ripin

Name of Person

Firm/Company

7189 Lake Island Drive

Address

Lake Worth, FL 33467

City/State and Zip Code

AJ@Ripin.io

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

For further information concerning this matter, please call:

A Aaron J. Ripin

Name of Person

at ( 561 )

Area Code

346-1096

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

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

\_\_\_\_\_  
**(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 5/17/2006 and assigned  
Florida document number L16000096363.

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)**

2690 Regal Pine trail  
OViedo, FL 32766

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2690 Regal Pine  
OViedo, FL 32766

FILED  
2020 NOV 25 PM 12:59

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new re 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
MGR	Nitza Ariza	2690 Regal Pine trail	<input type="checkbox"/> Add
		Oviedo, FL 32766	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wilson Ariza	2690 Regal Pine trail	<input checked="" type="checkbox"/> Add
		Oviedo, FL 32766	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 NOV 23 PM 12:59  
FILED  
Change  
Add  
Remove  
Change

FILED  
2020 NOV 23 PM 12:59  
CLERK OF DISTRICT COURT  
DISTRICT OF COLUMBIA

FILED  
2020 NOV 23 PM 12:59

(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 (

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**

11/18/2020

Signature of a member or authorized representative of a member

Aaron J. Ripin

Typed or printed name of signee

**Filing Fee: \$25.00**