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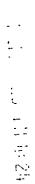
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## **COVER LETTER**

TO: Registration Se Division of Cor			• .
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SUBJECT:	Name of Lim	TATE ADVISOR LLC	<u>.                                    </u>
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Stella L		
		Name of Person	
	IDOINE D	EVELOPHENT LIC	
		Firm/Company	
	127 W. FAIR	BANKI AVE # 342	
		Address	
	WINTER PARK	LIFL 32789	
		City/State and Zip Code	
		ella & GHAIL. COM	
	E-mail address: (	to be used for future annual report not	tification)
For further information of	oncerning this matter, please c	all:	
Stella L	alanne	at (407) 580-	9598
Name o	f Person	Area Code Daytir	me 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		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	2.7	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ATE Advisors LLC	
( <u>Name of the Limited Liai</u> (A Floi	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 08/19/2016	and assigned
Florida document number L 16000155837		
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
STELLA LALANA		
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	(DRESS)	
17 melper office dawn con meet be meet be meet		
Enter your mailing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	prod office address on our records, enter the nan	ne of the new registere
agent and/or the new registered office address her		
		, •
Name of New Registered Agent:		· -
		•
New Registered Office Address:	Enter Florida street address	
		÷ ,
<del>-</del>	, Florida	Zip Gode
New Registered Agent's Signature, if changing Register	•	1 ' 19
·• · · ·		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duties, and I am d agent as provided for in Chapter 605, F.S. Or tered office address, I hereby confirm that the li	familiar with and , if this document is
	If Changing Registered Agent, Signature of New Re	egistered 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>	Name	Address	Type of Action
AP/MGR	RODNEY HENSON	5341 NW 79TH AVENUE	🗆 Add
		DORAL, FL 33166	<b>▼</b> Remove
			□Change
MGR	STELLA LALANNE	127 W. Fairbanks Avenue #	142 DAdd
		Winter Park, FL 32789	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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n effectiv <u>ete:</u> If th	date, if other the we date is listed, the c he date inserted in 's effective date of	date must be speci this block does	ific and canno s not meet th	ot be prior to da ne applicable	te of filing or me	ore than 90 day g requiremen	's after filing.)	) Pursuant to 60 will not be li:	05.0207 sted as
ecord sp is filed.	occifies a delayed o	effective date, b	ut not an efi	fective time,	at 12:01 a.m. €	on the earlier	of: (b) The	e 90th day afi	ter the
ted	AUGU 57	13	2	021					
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		Signatur	re of a member	er or authorized	l representative	of a member			