## 1180000 65478

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900312687919

04/30/18--01028--014 \*\*30.00

200 Et AN 5: 20

HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corpo	
SURFECT	ATL Advisers LLC
SUBJECT:  Name of Limited Liability Company  The enclosed Articles of Ameridment and fee(s) are submitted for filing.  Dordan Candelania  Name of Person  Firm Company  2800 NE 59th Ct  Address  Fort Landerdale Florida 33308  City/State and Zip Cook  On Thail address:  Tordan Candelania  On The further information concerning this matter, please eall:  Jordan Candelania  at A54 654-369  Name of Person  Einclosed is a check for the following amount:	
The enclosed Articles of An	· · · · · · · · · · · · · · · · · · ·
Please return all correspond	ence concerning this matter to the following:
	Jordan Candelaria
	Name of Person
	Firm Company
	2800 NE 59th Ct
	Fort Lauderdale Florida, 30308
	City/State and Zip Code  Ord Candy 809mail.com  Final address: to be used for future annual report notification)
For further information con	cerning this matter, please call:
Jord W Name of P	Candelaria at (954) 654-3669  Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
□ \$25.00 Filing Fee	Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrati	G ADDRESS: on Section Of Corporations G327  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



May 3, 2018

JORDAN CANDELARIA 2800 NE 59TH CT FORT LAUDERDALE, FL 33308

SUBJECT: ATL ADVISERS LLC Ref. Number: L18000065478

We have received your document for ATL ADVISERS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

MAINTENANT OF THE BEST OF THE

Letter Number: 718A00009141

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATL Advisers L	LC		
(Name of the Limited Liability Company as it now appe- (A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company were filed on _ lorida document numberL 4-800065478	03/13/2018	and a	ssigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liability company h	tere:		
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbr	eviation "	L.L.C."
inter new principal offices address, if applicable:	2.	76 76 76	
Principal office address MUST BE A STREET ADDRESS)	Σκ* α 1911	ŢŢ.	1
	30 g.	Lκει —ει	Secretary to
	7. 1. 75. 1. 7	3	10 mm m
nter new mailing address, if applicable:		<del></del>	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	2	
3. If amending the registered agent and/or registered office address of egistered agent and/or the new registered office address here:	n our records, <u>enter t</u>	he nam	e of the ne
Name of New Registered Agent:			
New Registered Office Address:			
Enter Fl	orida street address		

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

Florida

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

Tidle		Address	Type of Action
Title MGK	Name Jordan Candelaria	2800 NE Softh Ct Fort Lunderd	33308 <u>11 <b>\$</b></u> 70dd
·			Remove
			Change
			Remove
			Change
	<del>-</del>		Remove
			Change
			Remove
			Change
			Add
	•		Remove
			Thange,
		·••	E Add
		(5) (5)	Remove
			Change

		<del></del>	<u>.</u>		·		_
							_
							_
							-
			-				_
				·			_
		-					_
				····			-
<del></del>							_
				-			_
			==			<del></del> _	-
			<del></del> .				-
					-	-	_
						<u>.                                    </u>	_
						<del>.</del>	_
		<del>-</del> • •··		·	<del></del>		_
							_
Footive data if	athor than the de	to of filings			(antiqual)		
n effective date is	other than the da listed, the date must be	specific and canno	t be prior to date of f	ling or more than 90 c	_ ( <b>optional)</b> lays after filing.) Pu	rsuant to 60	5.0207
	inserted in this block ive date on the Depa			ory filing requireme	ents, this date wil	l not be lis	ted as
	ifies a delayed e		but not an effe	ctive time, at 1	2:01 a.m. on	the earl	ier of
The 90th day	after the record	l is filed.					
	5/11/18						
ited	<u> </u>	· · ·	$\overline{C}$		7.	133 257	
		Aura			2.5		<b></b>
	Sig	rature of a membe	r or authorized repre	sentative of a membe	Γ 2-1 (0):	<b>E 2</b>	ereca .
		7.01		dalas'		-	
		<u>Jord M</u>	or printed name of	ueiar ia		. 2350 1-24	1 1
		LVDed	i or prinica name or:	SIRIICC	· — .		
		Lyped	or printed name of	signee	(S)	. ပာ	

Page 3 of 3

Filing Fee: \$25.00