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COVER LETTER

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SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael I. Bernstein, Esq.		
		Name of Person	
	THE BERNSTEIN LAW I	HRM	
		Firm/Company	
	3050 BISCAYNE BOULE	VARD	
		Address	
	MIAMI, FLORIDA 33137		
		City/State and Zip Code	
	MELISSA@BERNSTEIN-I		
	E-mail address: (9	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ill:	
MELISSA RODRIGUE	7.	305 672-9544 at ()	
Name	of Person	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

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building Division of Corporations

2661 Executive Center Circle

STREET/COURIER ADDRESS:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLAS BUSINESS CENTER 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 ______ and assigned Florida document number ______. 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) 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

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BRIAN GLICKSMAN	250 GREENPOINT AVENUE	
		BROOKLYN, NY 11222	■ Remove
			☐ Change
MGR	JOSH YASHAR	250 GREENPOINT AVENUE	∃ Add
		BROOKLYN, NY 11222	□ Remove
			Change
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record specifies a delay The 90th day after the re			t an effective	time, at 12:01	a.m. on the ea	rlier c
ted APRIL 30		2018		-		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00