

L18 000118968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

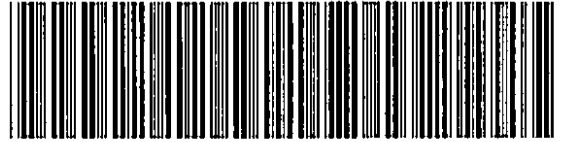
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2022 JUN 10 AM 6:23

JUN 15 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 28, 2021

CHRISTINA L. HANSEN  
864 1ST STREET S  
WINTER HAVEN, FL 33880

SUBJECT: ATE 4 LLC  
Ref. Number: L18000118968

We have received your document for ATE 4 LLC and your check(s) totaling \$. 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.

Yvette Scott  
Document Specialist II

Letter Number: 921A00011620

RECEIVED  
JUN 10 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ATE 4 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:

Christina L Hansen  
Name of Person

Accounting & Tax Edge LLC  
Firm/Company

864 1st Street S  
Address

Winter Haven, FL 33880  
City/State and Zip Code

help@yourtaxedge.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina L Hansen at 863 863-875-7853  
Name of Person 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  
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**

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ATE 4 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 05-11-2018 and assigned  
Florida document number L18000118968.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Alicia Burton LLC

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)**

105 Eagle Pond Dr

Winter Haven, FL 33884

**Enter new mailing address, if applicable:**

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

105 Eagle Pond Dr

Winter Haven, FL 33884

**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*

\_\_\_\_\_, **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 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**

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

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| <u>Title</u> | <u>Name</u>                 | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|-----------------------------|------------------------|--|
| AR           | Accounting & Tax Edge I.L.C | 864 1st Street S       | <input type="checkbox"/> Add               |
|              |                             | Winter Haven, FL 33880 | <input checked="" type="checkbox"/> Remove |
|              |                             |                        | <input type="checkbox"/> Change            |
| AR           | Alicia Burton               | 105 Eagle Pond Dr      | <input checked="" type="checkbox"/> Add    |
|              |                             | Winter Haven, FL 33884 | <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            |

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

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Multiple horizontal lines for amending information.

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 April 5 2021

Handwritten signature of Christina I. Hansen

Signature of a member or authorized representative of a member

Christina I. Hansen

Typed or printed name of signee

Filing Fee: \$25.00