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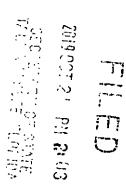
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	.,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Divi	ision of Corp	orations		•	
, CHRICT:	ATLYS LLC				
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspon-	dence concerning this matter to	o the following:		
		LOVETTE DOBSON			
			Name of Person		
		INCFILE.COM LLC			
			Firm/Company		
		17350 STATE HWY 249 S	TE 220		
			Address		
		HOUSTON, TX 77064			
		EFILE1234@INCFILE.COM	City/State and Zip Code		
		E-mail address: (to	o be used for future annual re	eport notification)	
For further in	nformation co	ncerning this matter, please ca			
LOVETTE	DOBSON		• • • • • • •	-9090	
	Name of		at () Area Code	Daytime Telephone ?	Number
Enclosed is	a check for the	e following amount:			
□ \$25.00 I		■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLYS LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on and assigned
Florida document number <u>L18000163147</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
ATLYS ENTERPRISES, LLC	
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u></u> -
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	E 3 11 .
B. If amending the registered agent and/or registered office add	- Part Part
registered agent and/or the new registered office address here:	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:	
New Registered Office Address:	5 (A) Co
- The state of the	Enter Florida street address
	171 - 2-1
City	, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
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Note: If the date inser	ner than the date of f d, the date must be specifi rted in this block does i date on the Department	not meet the applicable	ate of tiling or more than 90	(optional) days after filing.) Pursuant to 60: ents, this date will not be list	5,0207 (3) ted as the
If the record specifies (b) The 90th day af	s a delayed effection ter the record is fil	ve date, but not a led.	n effective time, at :	12:01 a.m. on the earli	ier of:
Dated OCTOBER 2		2019			
Heli	saFuente	r-Flace	d representative of a member		
	Signature	of a member or authorize	d representative of a member	er	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee