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(Reques	stor's Name)
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TO:	Registration Section
	Division of Corporation
	DADAKAR TERMIN

BARAK SUBJECT:	AT TECHNOLOGIES, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MARK D. CARNEY		
		Name of Person	<del></del>
	CARNEY LAW FIRM, P.A	۸.	
		Firm/Company	
	210 W. 7TH STREET, SUI	TE I	
		Address	
	MOUNTAIN HOME, AR	72653	
	carneylaw@carneyfirm.net	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	fication)
or further information	concerning this matter, please ca	ill:	
MARK D. CARNEY		870 425-6354	
Name	e of Person	at () Area Code Daytime	e 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

### TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designati	on "LLC" or the abbre	ev <b>als</b> on "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	<u> </u>
			<u> </u>
		<del>11</del> 	
Enter new mailing address, if applicable:		<u>.</u>	#
(Mailing address MAY BE A POST OFFICE BOX)			ω
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records	, enter the name	of the new re
			<del>-</del>
New Registered Office Address:	Enter Florida stre	et address	<del></del>
		Florida	
	City		Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

10 A 10 A 17 A TO TO LOCALISTICS | 1 A 12

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

## or removed from our records:

## MGR = Manager

#### AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TRBL HOLDING COMPANY, LL	1793 HWY 201 N.	□ Add
		MOUNTAIN HOME, AR 72653	_
			□Change
			□Add
		·	□Remove
		<del></del>	Change
		□ Add	
		□Remove	
			□Change
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		·	□Remove
			□ Change

	MARK D. CARNEY
2	210 W. 7TH STREET, SUITE 1
1	MOUNTAIN HOME, AR 72653
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ote:	ve date, if other than the date of filing:
recore	d 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 ed.
ated	November 25 2020
ateu .	·

Typed or printed name of signee