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COVER LETTER:

TO:	Registration Se- Division of Cor			
eunt		ion Services, LLC		
SUBJ	ECI:	Name of Lim	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Mark Johnson		
			Name of Person	
		Atlas Vacation Services. L		
			Firm/Company	_
		146 E. McNab Road, 1B		
			Address	
		Pompano, FL 33060		
		mark.johnson420@yahoo.co	City/State and Zip Code om	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Mark	Johnson		248 991-5310 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
= \$2	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlas Vacation Services, 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 January 12, 2019 and assigned Florida document number W19000004168 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) S) I 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.

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>	Name	<u>Address</u>	Type of Action
AMBR	Mark Johnson	25660 Southfield Rd. #201 Southfield, MI. 48075	
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	Signature of a member or aut	horized representative (of a member			

Page 3 of 3

Filing Fee: \$25.00