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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FAEHNER PLLC Account Number : I20170000081 : (727)306-0202 : (727)474-9949 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail Address:		
FMALL BOOPPSS:		

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Help

TO:

Registration Section

COVER LETTER

To: 18506176383

Div	ision of Cor	porations					
CHO INCT.	Atlas Comp	anies LLC			2021 JUL 21		
SUBJECT:		Name of Lim					
					2		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		PH		
Please return	all correspo	ndence concerning this matter	to the following:		PN 4: 36		
		Michael J. Faehner			.•		
			Name of Person		-		
		Faehner PLLC					
			Firm/Company		-		
		301 Woodlands Pkwy. Sui	te 10				
			_				
		Oldsmar, FL 34677					
		City/State and Zip Code					
		filings@fachner.law		<u>.</u>			
		E-mail address: (to be used for future annual report no	tification)			
For further is	nformation c	oncerning this matter, please c	all:				
Michael J. I	achner		727 306-0201 at ()				
	Name o	f Person	Area Code Dayti	me Telephone Numbo	er		
Enclosed is	a check for ti	ne following amount:					
= \$25.00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &.		
Re	ulling Addres	Section	Street Address: Registration S Division of Co				
	vision of C D. Box 632	Corporations 27	The Centre of	Tallahassee			
= -	llahassee,		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

From: Faehner PLLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ta: 18506176383

(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on our r bility Company)	ecords.)
The Articles of Organization for this Limited L		rere filed on 02/21/2019	and assigned
Florida document number L19000051954	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liabili	ty company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or a agent and/or the new registered office addre	registered office ad	ldress on our records,	enter the name of the new registe
agent and/or the new register as office and			
Name of New Registered Agent:	21 RIGA LLC		
New Registered Office Address:	301 Woodlands I		·
		Enter Florida street	address
	Oldsmar		, 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

Fax: 727474

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

Ta: 18506176383

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR Danie	Daniel Greene	1311 N. Church Ave.	□Add
		Suite 103	□Remove
		Tampa, FL 33607	= Change
			□Remove
			☐ Change
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To: 18506176383

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Note: If the date			n effective ti	me, at 12:01	a.m. on the	earlier of: (b)	The 90th	day after t	the
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