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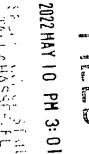
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го:	Registration Sect Division of Corpo			s	
SHRJE	CT. Atlas Tax And	1 Business Solutions, LLC	•	•	•
	···	Name of Limi	ted Liability Company		
		mendment and fee(s) are sub-	_		
	, and a		Ç		
		Prad Georges			
			Name of Person		
		Atlas T&B Solutions			
			Firm/Company		
		401 W Atlantic Avenue R10) Unit #102		
			Address		<u> </u>
		Delray Beach, Florida 3344	14		
		Della, Della, Fortal De F	City/State and Zip Code		
		admin@atlastbsolutions.com	· ·		
		E-mail address: (to be used for future annual r	eport notification)	
For furt	her information cor	ncerning this matter, please ca	all:		
Prad Ge	orges		at (888) 642	-8527	
	Name of F	Person	Area Code	-8527 Daytime Telepho	one Number
Enclose	d 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 encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		<u>Street Ad</u>	dress:	

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FILED

Atlas Tax And Business Solutions, LLC

2022 MAY 10 PM 3: 01

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.) St. Uh. TAL	LIAKY UP STATE
The Articles of Organization for this Limited Liability Company Florida document number	A numet O	2 2019	_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Atlas T&B Solutions, LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	n "LLC" or the ab	breviation "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)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		·	e of the new registere
	Enter Florida stree	i address	
	City	, Flôridá	Zin Code
lew Registered Agent's Signature, if changing Registered Agent	•		гар Соше
hereby accept the appointment as registered agent and agreevisions of all statutes relative to the proper and complete coept the obligations of my position as registered agent as zing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	ree to act in this capacit e performance of my dut provided for in Chapter	ies, and I am f 605, F.S. Or,	amiliar with and if this document is

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
			□Remove
			□Change
	•		□Add
			Remove
	·	 	□Change
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ecord is filed	specifies a delayed effect d.	ive date, but not	an effective tin	ie, at 12:01 a.m.	on the earlier of	(b) The 90th	day afte	r the
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