

L19000211029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

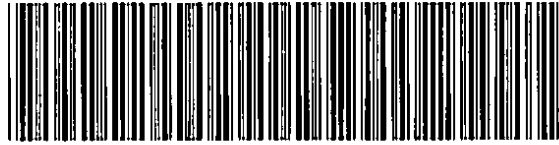
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

TQ 11/9/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATR SOLUTIONS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN C. SOBOLEWSKI, PRESIDENT

Name of Person

ATR SOLUTIONS, LLC

Firm/Company

3072 VISTA WOOD DRIVE

Address

JACKSONVILLE, FL 32226

City/State and Zip Code

brian@allthingsrestoredllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian C. Sobolewski

904
at ()
Area Code

832-2004

Daytime 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

MAIL
TO P.O. BOX

Street Address:

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**

ATR SOLUTIONS, 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 08/19/2019 and assigned
Florida document number L19000211029.

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)

3072 VISTA WOOD DRIVE

JACKSONVILLE, FL 32226

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

BRIAN C. SOBOLEWSKI

New Registered Office Address:

3072 VISTA WOOD DRIVE

Enter Florida street address

JACKSONVILLE

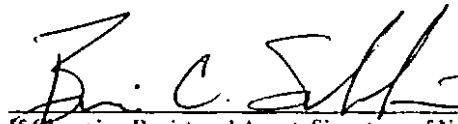
Florida 32226

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

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TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
MGR	BRIAN C. SOBOLEWSKI	3072 VISTA WOOD DRIVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32226	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESSE D. SEARLES	10015-01 LEAHY ROAD	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF SUPERIOR COURT
ALABAMA
JESSIE E. STONE

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CLERK OF STATE
TALLAHASSEE, FL

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2020 SEP 28 PM 5:21
TAMPA COUNTY STATE
CLERK'S OFFICE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated AUGUST 31 2020

B. C. Schulz

Signature of a member or authorized representative of a member

BRIAN C. SOBOLEWSKI AND ASHLEY E. SOBOLEWSKI, JTBE SOLE VOTING MEMBERS

Typed or printed name of signee

Filing Fee: \$25.00