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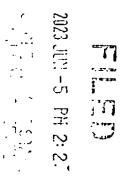
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Special Instructions to Filing	Officer:





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Y. SCOTT

COVER LETTER

Registration Section

TO:

Division of	Corporations				
	JLUS TECH LLC				
SUBJECT:	Name of Lin	nited Liability Company	-		
	es of Amendment and fee(s) are sub				
	Matthew Mangasar				
		Name of Person			
	MODULUS TECH LLC				
		Firm/Company		2023	
	7034 Arbor View Lane				
		Address		ဌ	177
	New Port Richey, Florida	34653		PM 2	
		City/State and Zip Code	72	2:2	
	atmoswx.us@gmail.com	(to be used for future annual report notif	(cation)	:,*	
For further informat	ion concerning this matter, please of	•	cation		
Matthew Managsar		727 2376451			
	ame of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check	for the following amount:				
≅ \$25.00 Filing F	ec \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificat Certified (additional	te of Sta	atus &
Division P.O. Box	ion Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 8	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MODULUS TECH LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on 1/08/20	20	and assigned
Florida document number L20000014786	<u>-</u> -		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
Atmos Weather LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	-		
Principal office address MUST BE A STREET ADDRE	ESS)		~
		:: <u>:</u> :	023
		[=5]	
2 Average and the second and the sec		45	And the second
Enter new mailing address, if applicable:	<u></u>	10 T	
Mailing address MAY BE A POST OFFICE BOX)		:77.0	71224
			No Maried
		$B_{ij} = 0$	2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name</u>	of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	<u></u> ,
	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 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	Address		Type of Action
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				□ Remove
				🗆 Change
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					2
					
Tective date, if other than the in effective date is listed, the date in	e date of filing:			(optional))
in effective date is listed, the date mote: If the date inserted in this	ust be specific and cannot block does not meet the	be prior to date	of filing or more t	han 90 days after filing	g.) Pursuant to 605 will not be list
cument's effective date on the	Department of State's	records.		,	
ecord specifies a delayed effect	ive date, but not an effe	ective time, at	12:01 a.m. on th	ne earlier of: (b) T	he 90th day afte
is filed.					
May 31	202	3			
ited		·			
gw the	Mic and at				
	リレクトマレノントプラス				
May 31 Matthew	Signature of a member	r or authorized	representative of a	member	·