## L200000 24868

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MAR 2 0 2020 S. YOUNG

## **COVER LETTER**

TO:

	Registration Se Division of Cor			
cubuca	CT 1	Advisors, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum all correspo	ndence concerning this matter	to the following:	
		Justin Lantz		
			Name of Person	<del></del>
		Atlas Home Advisors, LLC	2	
			Firm/Company	
		13196 SW 49th Ct		
			Address	· · · · · · · · · · · · · · · · · · ·
		Miramar, FL 33027		
		mairimmusser@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please co	all:	
Justin La	ntz		786 290-7909 at ( )	
Name of Person		f Person		Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
!	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section orporations 7	Street Address: Registration Sectorision of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlas Home Advisors, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor- Liability Company)	<u>ds.</u> )	<del></del>
The Articles of Organization for this Limited Liability Company	y were filed on 01/17/2020		and assigned
lorida document number L20000024868			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	C" or the abbres	riation "L.L.C."
Enter new principal offices address, if applicable:			20:
Principal office address MUST BE A STREET ADDRESS)		]. 	
		A 2 7	8
		\$7.5 \$10.5 \$10.5	8
Inter new mailing address, if applicable:			
		- <u> </u>	<del> </del>
Mailing address MAY BE A POST OFFICE BOX)			2
s. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter	the name o	f the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	ss	
		lorida	
	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
MGR	Mairim M. Musser	6935 Blue Skies Dr., Lake Worth, FL 33463	<b>=</b> Add
			□Remove
			[] Change
<del></del>		· ·	🗀 Add
			Remove
			[] Change
			□ Add
			ĒRemove
			□ Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			Change
			□Aḍḍ
			□Remove
		<del></del>	———   Change

ote:	tive date, if other than the date of filing:
reco 1 is 1	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
	February 21st 2020
)atec	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00