# LZ0000067947

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Atomic Sprinkler 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:
Dwayne Lamont Curry Name of Person
Atomic Sprinkler L. L. C.
510 NW 24 are apt 50
City/State and Zip Code  City/State and Zip Code  Cluster Curry 1644 @ icloud. com  B-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dwayre Cvry  at (954) 873 - 9492  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution So

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

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

N1 . C2 V1005 1	1 6	2.20 AUS 17 FM 6: 37
Atomic Sprinklers L (Name of the Limited Liability Compar (A Florida Limited L	y as it now iability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company  Florida document number \( \begin{align*} \frac{2000061947}{} \]		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity comp	any here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company	," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	510	NW 24 AVC APT 50
(Principal office address MUST BE A STREET ADDRESS)	Foct	Lauderdale, 33311
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on	our records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	En	ter Florida street address
		. Florida
Non-Designated Asset's Cinnesson of shoulder Designated Asset.	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as positing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performar rovided fo	ice of my duties, and I am familiar with and or in Chapter 605, F.S. Or, 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>	Name	Address 2729 AV: 17 PM 6: 37	Type of Action
AMBR	Duagne Curry	510 NW 24 AVE Apt 50 Fort Landerdide, F1 37311	\$\frac{1}{2}\Add
			□Remove
			□Change
AMBIR	Darrell Smith	510 NW 24 Ave Apt 55 Fort Laudindale, Fl 33311	<b>X</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

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	plicable statutory filing requirements, this date will not be listed as
ord specifies a delayed effective date, but not an effectiv filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d 08/10/8020	
	authorized representative of a member

Filing Fee: \$25.00