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COVER LETTER

Division of Cor			
SUBJECT:	ATR G	WIF Coast, LLC	-
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter (to the following:	
	Kurt F	Sher Name of Person	
	ATR G	EIF Coast, LLC.	
	19225 Aut.	una Woods Ave	·
	Tampa, FL VFisher 806 E-mail address: (1	City/State and Zip Code Ca Co	tication)
For further information e	oncerning this matter, please co	•	
Name o	Shet	at (3,3) 877 Area Code Daytim	-6088 e Telephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section orporations	Street Address: Registration Se Division of Cor	porations
P.O. Box 632	1	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{423030}{}$ and assigned
Florida document number <u>L2 0000095338</u> .	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable:	1321 Princeton Lakes Drives
(Principal office address MUST BE A STREET ADDRESS)	#1003
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:	1821 Princeton Loko This D #1003 Brandon, FL 33511 ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR 1000-	Kurt Fisher, A.	19225 Autumn Woods Ave	<u>_</u> □Add
		Tampa, FL 33647	⊆ Remove
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			□Add
			□Remove
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f an effective Note: If the	ate, if other than to date is listed, the date is date in this effective date on the	must be specific and block does not n	l cannot be prior to neet the applicab	1/2020 date of filing or mole statutory filin	ore than 90 days a	otional) fler filing.) Pursu this date will n	ant to 605. ot be liste	.0207 ed as (
		tive date, but not	an effective tim	e, at 12:01 a.m. o	on the earlier of:	(b) The 90th	day after	the
record spec	cifies a delayed effec							
e record spec rd is filed.	eifies a delayed effector $\frac{1}{2}$	020		-·				
e record spec rd is filed.			Amber/or authori	zed representative	of a member			

Filing Fee: \$25.00