L20000 160030

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8/11/20

COVER LETTER

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TO:

Registration Section Division of Corporations

Atlas Forer	sics LLC				
300acc1.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Orie Attas				
		Name of Person			
	Atlas Forensics LLC				
		Firm/Company			
	2040 NE 163rd Street, Suite 202A				
		Address	• ,		
	N Miami Beach, FL 33162 City/State and Zip Code				
	N Miami Beach, FL 33162 City/State and Zip Code oattas@gmail.com				
	E-mail address: (to be used for future annual report notif	fication)		
For further information c	oncerning this matter, please c	alt:			
Orie Attas		305 205-6666 at ()			
Name o	f Person	Area Code Daytime	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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:	wion		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632		The Centre of T			
Tallahassee, 1	L 32314	2415 N. Monroe	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Atlas Forensics LLC			
(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appears on our record Jability Company)	18)
The Articles of Organization for this Limited Li	ability Company	were filed on June 10, 2020	and assigned
Florida document number L20000160030	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	lity company here:	
Premier Forensic Accounting LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	NO CHANGE	, =
(Principal office address MUST BE A STREET ADDRESS)			¥5
		·	~ <u>~</u>
			<u> </u>
Enter new mailing address, if applicable:		NO CHANGE	~9
(Mailing address MAY BE A POST OFFICE BOX)			, (,
B. If amending the registered agent and/or reagent and/or the new registered office addres Name of New Registered Agent:		ddress on our records, <u>enter</u>	the name of the new regis
	NO CHANGE		
New Registered Office Address:		Enter Florida street addres	rs
		E'03	orida
		M M	OFIDIA

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

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>	Address	Type of Action
	NO CHANGE		□Add
			□Remove
			Change
			□Add
			□Remove
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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to c If the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605.0
nent's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time liled.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after
_	
June 26 2020	

Filing Fee: \$25.00