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M. SOLOMEN

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT:	ATLAS	GREHANGE 217	, uc	
	Name of Lim	ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter	-		
	Ano	NEW GUSTA	FSON	
		Name of Person		
	ATI	as Sychange	€ 217,4C	
		Firm/Company		
	1908	3 Tracaman J Address	WAY	
		Address		2022
	Non	es, EL 3410	9	APR 2
City/State and Zip Code ANDGUS & ATLAG 1031. COM E-mail address: (to be used for future annual report notification)				
	F-mail address: (to be used for future annual report notific	cation)	<u>X</u>
For further information co	oncerning this matter, please ca		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PM 1:59
KNDREW	GUSTAFSON	at (850) 496	0090	
Name of	Person	Area Code Daytime	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:		
Registration Section Division of Corporations		Registration Sec Division of Corp		
P.O. Box 6327		The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on

Florida document number _ L 2 000 @ 2746 15

ATLAS GYCHANGE ZIT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new-registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 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
AMBK	Drug Excuange	1908 TIMARROW WAY	🗆 Add
	Howsing, LLC	NEPLES, FZ 34109	Exemove
			□Change
MGR	BOB BISSELL	8703 NOAKLAND AU	
		KRUSAS CITY NO 641	S7 _{□Remove}
			□Change
			□Add :- 2022
			Remove 22 Change
			TADAGE (
			□Remove
			①Change
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Filing Fee: \$25.00