

h20000274615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

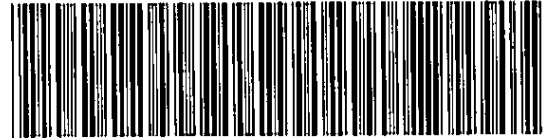
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
22 MAY 23 AM 10:57

T. MATTHEWS

JUL 26 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlas Exchange 217, 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:

Andrew Gustafson

Name of Person

Atlas 1031 Exchange, LLC

Firm/Company

1908 Timarron Way

Address

Naples, FL 34109

City/State and Zip Code

andgus@atlas1031.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Gustafson 850 496.0090

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Bissell Family Revocable Trust	8708 North Oakland Ave	<input checked="" type="checkbox"/> Add
		Kansas City, MO 64157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Atlas Exchange Holding, LLC	1908 Timarron Way	<input type="checkbox"/> Add
		Naples, FL 34109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated

May 19 2022

Andrew W. Burt
Signature of a member or authorized representative of a member

ANDREW W. GUSTAFSON

Typed or printed name of signee

Filing Fee: \$25.00