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(Re	equestor's Name)	
(Ad	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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22 MAY 23 AM 10: 57

T. MATTHEWS JUL 26 2022

COVER LETTER

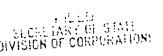
Registration Section

TO:

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Name of Person		Daytime Telephone Number			
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——————————————————————————————————————	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section					
	Registration Section Division of Corporations				
		re of Tallahassee Monroe Street, Suite 810			
	ng this matter, please e wing amount: 30,00 Filing Fee & Certificate of Status	Address City/State and Zip Code gus@atlas1031.com E-mail address: (to be used for future annual region of this matter, please call: at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE OF CORPORATIONS



22 MAY 23 AM 10: 57

Atlas Exchange 217, LLC

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

Florida document number L20000274615	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8708 North Oakland Avenue
(Principal office address MUST BE A STREET ADDRESS)	Kansas City, MO 64157
Enter new mailing address, if applicable:	8708 North Oakland Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Kansas City, MO 64157
B. If amending the registered agent and/or registered office :	address on our records, enter the name of the new registered
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	address on our records, enter the name of the new registered Enter Florida street address
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida Zip Code
Name of New Registered Agent:	Enter Florida street address, Florida City Zip Code

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>	Type of Action
AMBR	Bissell Family Revocable Trust	8708 North Oakland Ave	≣ Add
		Kansas City, MO 64157	□Remove
			□Change
AMBR Atlas Exchange Holding, L	Atlas Exchange Holding, LLC	1908 Timarron Way	
		Naples, FL 34109	■Remove
			□Add
			□Remove
			□ Change
			□Add
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Filing Fac: \$25.00