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COVER LETTER

TO:		istration Sec ision of Corp				
CHIDAR	Atomic Star Properties LLC					
SUBJE	SUBJECT:Name of Limited Liability Company					
The enc	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	cturn	all correspor	ndence concerning this matter	to the following:		
			Katherine Rasch			
				Name of Person		
			Atomic Homes LLC			
Firm/Company						
			1750 Dodge Circle N			
				Address		
			Melbourne, FL 32935			
			katherinerasch@gmail.com	City/State and Zip Code		
			E-mail address: (to be used for future annual report notific	ation)	
For furt	her ir	iformation co	oncerning this matter, please c	all:		
Katheri	ne Ra	asch		321 361-7888 at ()		
Name of Person		Person		elephone Number		
Enclose	d is a	check for th	e following amount:			
■ \$ 25	3.00 1 -	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: Registration Section			Street Address: Registration Secti	ion		
Division of Corporations		orporations	Division of Corpo	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atomic Star Properties LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	ls.)
The Articles of Organization for this Limited Liability Company were filed on $2 - 11 - 20$. Florida document number $\frac{1.21000072967}{1.21000072967}$	21 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
Atomic Homes LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
• •	
• •	
• •	
Principal office address MUST BE A STREET ADDRESS) ——————————————————————————————————	
Inter new mailing address, if applicable:	
Inter new mailing address, if applicable:	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter	the name of the new regist
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter	the name of the new register
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter gent and/or the new registered office address here:	the name of the new registe
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter gent and/or the new registered office address here: Name of New Registered Agent:	the name of the new regist
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter gent and/or the new registered office address here:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
New Registered Office Address: Enter Florida street address	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

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
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Remove
			☐ Change
			
			□Remove
			☐ Change
			🗆 Add
			Remove
			□Change
			
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 3/4/2021 (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 March 4th Signature of a member or authorized representative of a member

Filing Fee: \$25.00