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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE HC LLC

Phone

Account Number : I20200000165 : (863)421-0617

Fax Number

: (407)520-5473

Enter the email address for this business entity to be used for future $\overline{\mathbb{Q}^n}$ annual report mailings. Enter only one email address please.

| Email I | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATRIUM COMPANY LLC

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| SUBJECT | ATRIUM (| COMPANY LLC | | |
| SO NEC. | '· | Name of Lir | nited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are su | omitted for filing | |
| | | ondence concerning this matter | | |
| | | ANAHI FERREIRA | | |
| | | | Name of Person | |
| | | ATRIUM COMPANY LI | .C | |
| | | | Firm/Company | |
| | | 113 CENTER LAKE DR | SUITE 6303 | |
| | | | Address | · · · · · · · · · · · · · · · · · · · |
| | | WINDERMERE, FL 347 | 86 | |
| | • | | City/State and Zip Code | |
| | | ANAHIFERREIRA@HOT | MAIL.COM to be used for future annual report not | · <u></u> |
| For further | information c | oncerning this matter, please c | | ificstion) |
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| | Name o | f thanks | 786 246-8164 at () | |
| | :48the Q | र म्बर्डिंग | Area Code Daytin | ne Telephone Number |
| Enclosed is | s a check for th | e following amount: | | |
| ≣ \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Re D: P. | ailing Address egistration S ivision of Co O. Box 632' allahassee, F | ection orporations 7 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations `allahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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| ATRIUM COMPANY LLC | | |
| | any as it now annears or our records | |
| (A Florida Limited | any as it now appears on our records.) Liability Company) | ा एक 💆 😝 |
| TPL A CO | | |
| The Articles of Organization for this Limited Liability Compan | y were filed on <u>07/21/2021</u> | and assigned |
| Florida document number L21000330949 | | - 65 <u>-</u> ' |
| | | ्र क्रे |
| This amendment is submitted to amend the following: | | |
| A TC | | • |
| A. If amending name, enter the new name of the limited lial | bility company here: | • |
| | | |
| The new name must be distinguishable and contain the words "Limited Liab | Dim Community of the second | |
| Section of the sectio | mity Company," the designation "LLC" or the | ≥ abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | · · · · · · · · · · · · · · · · · · · | |
| OFFICE AND ACTION OF BEASTREET ADDRESS | | |
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| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | | |
| Mulling undress MAT BE A POST OFFICE BOX) | | · |
| | | ***, * |
| | | |
| B. If amending the registered agent and/or registered office | address on our records, enter the na | ame of the new registers |
| agent and/or the new registered office address here: | | The state of the s |
| | | |
| Name of New Basistand Assess | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida streat address | |
| | Control of the common of the branch (CS) | |
| | , Florida | |
| | City | Zip Code |

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> | Name | Address | •• | Type of Action |
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