# L21000350454

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(dant)

### **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	ст: <u>А+</u>	las Wirele:	SS Soly Flons ted Liability Company	LLC_
The end	dosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please	eturn all correspor	dence concerning this matter t	o the following:	
		Janten	M Walker Name of Person	
-	Atlas	Wireless	Solutions Firm/Company	LLC
		3031 Ma	enument Rd Address	Svite 4
		Jacksonville, JDUB 5382 E-mail address: (to	City/State and Zip Code  2. Jw @ GMAI  be used for future annual report	L.Com notification)
bor fur	her information co	ncerning this matter, please cal	11:	
7	antzen Name of	M Walker Person		A-7176 etime Telephone Number
Enclose	d is a check for the	following amount:		
<b>X</b> \$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)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08 04 2021 and assigned Florida document number L21000350454 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 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 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
MGR	Jantzen M Walker	116 Boxwood CT Kingstand, GA	<b>3154 8</b> &(Add
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(If an e Note:	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	1 August 16th (08/14). 2021
(	Signature of a member or authorized representative of a member