## L21000430946



(Req	uestor's Name)	
DbA)	ress)	
bbA)	ress)	
(City/	/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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TACLAHASSER FL

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## COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Lim	Hens Atlas	ted Liability Company	
	Amendment and fee(s) are sub-		
	Gregory (	Name of Person	···
	_Limitlen	S Allas LLC Fim/Company	
	270 Ro	6 Roy Dr Address	
		City/State and Zip Code  Scrowth Consulting of the used for future annual report	COM?
For further information c	oncerning this matter, please ca	all:	
		at ( <u>407</u> ) <u>666</u> Area Code Day	rime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>S60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
			٠.

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

Limitlens Atlas	646 C
(Name of the Limited Liability Compa (A Florida Limited I	ay as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000430946</u> .	were filed on CI/16/2-4 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	1
Enter new principal offices address, if applicable:	4700 Millenia Blue
(Principal office address MUST BE A STREET ADDRESS)	ste 500 Oclando, Fl. 32339
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4700 Millenia Blvd Ste 500 Orlando Fl. 32339
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	2024 SEC
New Registered Office Address:	Enter Florida street address
'S abouting Degistered Agent'	City Plorida Zarcode
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as position filled to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and i am jamular with and soverely is

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

Title	Name	Address	Type of Action
			Ó Add
			El Ramove
			Change
			CJAdd
			□ Remove
			Change
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			🗀 Remove
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			□Remove
			Change
			□Remove
<del>-</del>			□Add
			☐ Remove
			□Change

Effective date, if other than the date of filing:	<del></del>			s) here: (Attach ad		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 ord is filed.  Dated 9/16/24/		<del></del>				<del></del>
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I will share the state of I and I all the state of I a	document's effect the record specifies and is filed.	6/24/	gnature of a member of	or authorized represent	ative of a member	

Filing Fee: \$25.00