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C. BRUMBLEY FEB 2 1 2022

## COVER LETTER

	egistration Sec vision of Corp				
SUBJECT	: <u>5.</u> 9.	A.T.S 360 Name of Limi	ted Liability Company		<del></del> -
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please retu	m all correspon	dence concerning this matter t	to the following:		
		Theo OLive	Name of Person		
		5.P.A.T.S 36	Firm/Company		
		4613 N Univers	Address		
		[bral Springs , I Theoroliver @ [- E-mail address; (1	FL 33067 City/State and Zip Code		
		E-mail address: (1	to be used for future annual re	port notification)	<del></del> _
For further	information co	ncerning this matter, please ca	all:		
Theo	OLive Name of	Person	at ( <b>9</b> 54) 2 Area Code	.18 - 54 4 8 Daytime Telephon	æ Number
Enclosed is	a check for the	e following amount:			
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	rsod)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is onclosed)

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

	, Florida	Zip Codi				
Enter Florida si	treet address					
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		22				
ere:			D			
tered office address on our recor	ds, enter the name	of the n	ew register			
		<del>-</del> 7	-			
<u> </u>		7 <u>E</u> 8	17			
	* 	1022	<del></del>			
		~.				
DDRESS)						
"Limited Liability Company," the design	ation "LLC" or the abb	reviation "	L.L.C."			
limited liability company here:						
This amendment is submitted to amend the following:						
ity Company were filed on Octob	er 06, 2021	and as	ssigned			
iorida Emilica Liability Company)						
iability Company as it now appears on	onl lecolor)					
	ty Company were filed on October 1985.  g:  Itimited liability company here:  "Limited Liability Company," the design is:  DDRESS)  dered office address on our recorder:	g:  Itimited liability company here:  "Limited Liability Company," the designation "LLC" or the abb  DDRESS)  Itered office address on our records, enter the name are:	g:  Imited liability company here:  "Limited Liability Company," the designation "LLC" or the abbreviation "  DDRESS)  Rered office address on our records, enter the name of			

## 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>	Address	Type of Action
94	Theko Oliver	4613 N UNIVERSITY DR. # 420	□Add
		Loral SPRINGS, FL 33067	[L]Remove
			Change
AP	THEO OLIVE	4613 N UNIVERSITY DR.	MAdd
		Loral Springs, FL 33067	□Remove
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if amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<del></del>	
<u></u>	
<u>-</u>	
(If an effective date in Note: If the date	if other than the date of filing:
document's effect	ctive date on the Department of State's records.
he record specifies ord is filled.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Fe bru	ary 3, 2022.
	1.00
	Signature of a member or authorized representative of a member
	Typed or printed name of signee