22000173630

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CHD IDZT.	Atlas Consulting Engineers, LLC				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Hector Garcia			
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
		Atlas Consulting Engineer	s. LLC		
			Firm/Company		
		101 N J Street			
			Address		
		Lake Worth Beach, Fl. 33-	460		
			City/State and Zip Code		
		info@pdmarineinc.com	to be used for future annual report no		
For further i	nformation c	oncerning this matter, please c		mircanon)	
		vivoling and matter pressor			
Karina Quir				me Telephone Number	
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is	a check for th	ne following amount:			
S25.00 I	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)	
	iling Addres		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations			
P.0	D. Box 632	27	The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlas Consulting Engineers, LLC		
(<u>Name of the Limited</u>	I Liability Company as it now appears on our records V Florida Limited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Lia		and assigned
Florida document number L22000173630	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC"	
Enter new principal offices address, if applical	ble:	2022
(Principal office address MUST BE A STREET	ADDRESS)	
-		29
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B.	<u> </u>	<u>ب</u> د د
B. If amending the registered agent and/or reg	istered office address on our records, enter t	the name of the new registered
agent and/or the new registered office address		
Name of New Registered Agent:	4	
New Registered Office Address:		
	Enter Florida street address	
	Flo	
	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>	<u>Name</u>	Address	Type of Action
MGR	Jose Antonio Perez	101 N J Street, Lake Worth Beach, FL 33460	=Add
		_	□Remove
			□Change
MGR	Alberto Dominguez	101 N J Street, Lake Worth Beach, FL 33460	≡ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			🗆 Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
record is f	rd 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 iled.
Dated	June 10 2022
	Signature of a member or authorized representative of a member
	Hector Garcia Typed or printed name of signee

Filing Fee: \$25.00