L230000世8547

(Re	questor's Name)	
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: ATL	AS REAL 557A- Name of Lin	TE REFERAL OF nited Liability Company	FICE, LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Douglas	Name of Person	
	ATLAS	Firm/Company	
		CREEK PRESERVE I	<u>ne.</u>
		City/State and Zip Code	
	E-mail address: (FRUE REALTOR @ CM to be used for future annual report notific	1ATL/OM TO REB
For further information co	oncerning this matter, please c	all:	8 23 · ·
D. ADAM FRI	18 Person	at (<u>\$13</u>) <u>309 – 5</u> Area Code Daytime	Telephone Number 191
Enclosed is a check for th	e following amount:		
\$\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sect Division of Corpo The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLAS REAL ESTATE REFERRAL OFFICE, LLC	2
(Name of the Limited Liability Company as it now appears on our records.)	
(A Florida Limited Liability Company)	

The Articles of Organization for this Limited Liability Company Florida document number <u>L23660048547</u>	y were filed on <u>D/-2(</u>	4-2023	_ and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	sility Company," the designation	"LLC" or the abbre	viation "	L.C."
Enter new principal offices address, if applicable:		ري :ادر	202	
(Principal office address MUST BE A STREET ADDRESS)			FEB 2	AND THE PERSON NAMED IN COLUMN TO PERSON NAM
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TREE, FL	3 AM 10: 07	T T
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name o	f the ne	w registered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street a	uddress		
		_, Florida		<u>. </u>
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			

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 Title Address **Type of Action** <u>Name</u> DOUGLAS ADAM FRYE MGR 12225 CREEK PRESERVE DR RIVERVIEW, FL33579 ☐ Change AMBR NICOLE C FRUE 12225 CREEK PROSORVE DR. DAD LIVERVIEW, FL 33579 | Remove Change \square Add Remove 2023IFEB □ Change _____ □Change DAdd

□Remove

						
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