Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000088758 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE HC LLC

Account Number : I22200000165 Phone : (863)421-0617 Fax Number : (407)520-5473

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATLAS CAPITALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

## COVER LETTER ?

TO: Registration S Division of Co			į,
	APITALS LLC		<b>\$</b> :
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filling.	
Please return all corresp	condence concerning this matter	to the following:	
	JOSE E MORILLO ALDA	ANA	
	****	Name of Person	
	Atlas Cap	oftals LLC Firm/Company	
	13224 HEATHER MOSS	DR APT 1217	
		Address	
	ORLANDO FL 32837		
		to be used for future unnual report no	diffication)
For further information	concerning this matter, please of	all:	
JOSE E MORILLO AL		at ( <u>321</u> ) 747	- 4892
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
₩ \$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 exclosed)
Mailing Addre Registration		Street Address: Registration Se	ection
<del>-</del>	Corporations	Division of Co The Centre of	rporations
Tallahassee,			be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLAS CAPITALS LLC			
(Name of the Limit	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)	
The Articles of Organization for this Limited L. Florida document number 1.23000073518	iability Company were filed on 02/09/2023	and assign	ned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	"LLC" or the aboreviation "L.L.C	<del>-</del>
Enter new principal offices address, if applic	able:	···	
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address		enter the name of the new r	egistered
Name of New Registered Agent:	JOSE E MORILLO ALDANA		<del>_</del>
New Registered Office Address:	13224 HEATHER MOSS DR APT 1217	<u>~</u>	
	Enter Florida street	, Florida 32837 Zip Code	
	ORLANDO	_, Florida 32837 📜	
New Banks and America Clements of showing to	City	Zip Code	į.
New Registered Agent's Signature, if changing F	· · · · · · · · · · · · · · · · · · ·		C.)
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of my duti stered agent as provided for in Chapter registered office address, I hereby confit	es, and I am familiar with a 605, F.S. Or, if this docume	and

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>	Name	Address	Type of Action
AMBR	JOSE E MORILLO ALDANA	13224 HEATHER MOSS DR APT 1217	□ Add
		ORLANDO. FL 32837	□Remove
			= Change
AMBR	WILLMER RUJANO	13224 HEATHER MOSS DR APT 1217	□Add
		ORLANDO, FL 32837	□Remove
			<b>≡</b> Change
AMBR	LEOPOLDO DANIEL DIAZ BON	13224 HEATHER MOSS DR APT 12:7	<b>_</b> _ Add
		ORLANDO, FL 32837	□Remove
			Change
			□Add
			□Remove
			□ Change
			🗀 Remove
			Change
		<del></del>	CAdd
			□Remove

Note	tive date, if other than the date of filling: 03/14/2023 (optional)  frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 505,0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
he 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.
Date	march 14 . 2023.
	Jose mondo
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00