L23000102687

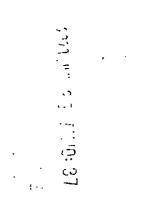
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COVER LETTER

- :

TO: Registration Division of C	a Section Corporations		
	aintenance & Repair LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Arthur Cobb		
		Name of Person	
	Atlas Maintenance & Rpa	ir LLC	
		Firm/Company	
	108 Lacosta Lane unit 412	2	
		Address	·
	Daytona Beach, FL 32114	l	
		City/State and Zip Code	د د
	atlasmaintenanceandrepair(E-mail address:	@gmail.com (to be used for future annual report not)	fication)
For further information	n concerning this matter, please of	·	incanony is a
Arthur B. Cobb		386 2128479	
Nan	ne of Person		e Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

(Name of the Limited (A	Liability Compa Florida Limited	any as it now appears on our Liability Company)	records.)	
he Articles of Organization for this Limited Liab lorida document number L23000102687	ility Company	were filed on February 2	and assigned	
his amendment is submitted to amend the follow	ing:			
. If amending name, enter the new name of the	ne limited liab	oility company here:		
//A				
ne new name must be distinguishable and contain the word	ls "Limited Liab	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STREET ADDRESS)			· · · · · · · · · · · · · · · · · · ·	
			<u>, , , , , , , , , , , , , , , , , , , </u>	
			•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	(-)	
			.5	
			1 -	
. If amending the registered agent and/or registered affice address I Name of New Registered Agent:		address on our records,	enter the name of the new regis	
New Registered Office Address:	N/A			
		Enter Florida street	address	
		Florida		
			, Florida	

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	Arthur Bob Cobb	108 Lacosta LnUnit 412	□Add
		Daytona Beach FL 32114	□Remove
			■Change
AP	Barbara S. Cursio	2051 Pioneer Trail #206	□Add
		New Smyrna Beach FL 32168	■Remove
		<u> </u>	□Change
			•
			Change
			□ D amova
			
			□∧dd
			□Remove
			Change
			□Add
			□ Remove
			□Change

and other accounts as well as fi	le necessary tax forms an	id reports. Remove	Barbara Cursio as "AP"	and keep
her only as an agent.				
Any questions please contact	Arthur at the number pro	vided above. Than	k you.	
				
		 		
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ctive date, if other than the date of effective date is listed, the date must be of the date inserted in this block that is effective date on the Department's effective date on the Department.	e specific and cannot be prior c does not meet the applic	cable statutory filin	ore than 90 days after filing, g requirements, this date	.) Pursuant to 605.0
ord specifies a delayed effective d filed.	ate, but not an effective t	ime, at 12:01 a.m. (on the earlier of: (b) Th	ic 90th day after
d July 21	, 2023	· ·		
1/1/D/L		\checkmark	and Prairie	Cum

Filing Fee: \$25.00