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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Aton 1	Spen LLC	
		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	)·	Keith Copa-	
		Name of Person	<del></del> -
		Aton Aspen LLC Firm/Company	
		Firm/Company	
	2903 West	- New Haven Avenu	ic Unit 434
	Melbourne, F  Keith Cogar  E-mail address:	Porjula 32904 City/State and Zip Code Quity/State and Zip Code On Quity/State and Zip Code to be used for future annual report notif	Telephone Number 77 29  \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
For further information co	ncerning this matter, please ca	all:	, <del>p</del> :
Ke: 14 Name of	Co54r Person	at ( <u>304</u> ) <u>677</u> Area Code Daytime	Telephone Number $\frac{1}{2}$
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 enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	tion
Division of Co		Division of Corp	
P.O. Box 6327	7	The Centre of Ta	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now a	oppears on our records )
(Name of the Limited Liability Company as it now a	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\frac{L23000150846}{}$ .	on March 24, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	
	PR
Enter new mailing address, if applicable:	
¥	7. 7. T.
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on o	our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	er Florida street address
Ente	er Florida street adaress
	Florida
City	Zip Code

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
CEO	Ryan S Larose	1976 S. LA Cienega BLV V.	x: <b>+ 2                                  </b>
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			□Change
CEO	Ryan Saint La Rose	1976 S. LA Cirnega BLV VA	4 287 XAdd
		Los Angeles, Ca 90034	
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