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.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATLAS BUSINESS FUNDING LLC

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T. LEMIEUX

JUN 2 6 2023

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES QF AMENDMENT. ARTICLES OF ORGANIZATION **OF**

ATLAS BUSINESS FUNDING LLC

(Name of the Limited Liability Company as it now appears on our records,)

(A Florida Ellineo El	авину Сопрану)	
The Articles of Organization for this Limited Liability Company v Florida document number L23000161329	were filed on <u>03/30/23</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company." the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***************************************	
(Principal office address MUST BE A STREET ADDRESS)		
		~2
		2023
Enter new mailing address, if applicable:		(
(Mailing address MAY BE A POST OFFICE BOX)		L-3
		ω . ',-
		. 3
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	idress on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address , Florida City Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree	e to act in this canacity I fu	orther agree to comply with t

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>	<u>Address</u>	Type of Action
AMBR	William Collins	7901 4TH ST N STE 300	🗹 Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Change
	 	1.5.5.00	□Add
			□Remove
			□ Change
	- Like Make 17		□Add
			□Remove
			□Change
			□Remove
		The state of the s	□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: [(optional)] If an effective 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 605 0207 f. Note: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records. The record 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 ord is filled. Dated June 23 2023 Signature of a member or authorized representative of a member. Robin Jones			······································
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