L23000205908

_	(Requestor's Name)	
	(Address)	<u> </u>
	(Address)	
	(City/State/Zip/Phone #)	•
	(Only) Oracle Explication (Only)	
PICK-UP	☐ WAIT	MAIL
•	(Business Entity Name)	
-		
	(Document Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	
opoda madadana ta	ming Officer.	
-		
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NAY 23 AM 10: 50 2028 HAY 23 PH 12: 05

A. PUTLER
MAY 2 + 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/22/2023		
Name:	Merritt W	alker	
Reference	e #: 200	7411	
			IDER SOLUTIONS LLC
☐ Arti	icles of Incorporation	on/Authorizatio	n to Transact Business
√ Am	endment		
☐ Cha	ange of Agent		
☐ Rei	nstatement		
Cor	nversion		
☐ Mer	rger		
Dis:	solution/Withdrawa	I	
☐ Fict	itious Name		
✓ Oth	er	CERTIFIED CO	PY OF THE FILING EVIDENCE
Authorized	Amount:	\$55	<u></u>
Signature:		mw	

COVER LETTER

Div	ision of Co	rporations					
SUBJECT:	Elevate Pro	ovider Solutions LLC					
		Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Nathan Rekant					
			Name of Person				
		AOM Services, LLC					
			Firm/Company				
		207 Rockaway Tpke					
			Address				
		Lawrence, NY 11559					
		nathan@aomservicesllc.com	City/State and Zip Code	-			
		-	to be used for future annual report noti-	fication)			
For further in	formation c	oncerning this matter, please ca	all:				
Nathan Reka	nt		516 295-3294				
Name of Person			at ()	e Telephone Number			
Enclosed is a	check for th	e following amount:					
□ \$25.00 Fi	iling 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)			

TO: Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elevate Provider Solutions LLC

2023 MAY 20 AM lo: 50

(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 Compa	any were filed on 4/26/2023	and assigned
Florida document number L23000205908		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited h	iability company here:	
Atlantis Business Solutions LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
· · · · · ·		
		<u> </u>
3. If amending the registered agent and/or registered offic	ce address on our records, <u>enter th</u>	e name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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
			
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
		-	□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			
			□Remove
			□Change
			□Add
			□Remove

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<u>tote.</u> 11 til	e date inserte	than the dat the date must be s d in this block of e on the Depart	aces not mee	et the applica	o date of filing of the statutory i	or more than 90 o	_(optional) lays after filing.) ents. this date v	Pursuant to 605,020 vill not be listed a
record spe I is filed.	cifies a delay	ed effective dat	e, but not ar	ı effective tin	ne, at 12:01 a,	m. on the earli	er of: (b) The	90th day after the
May ated	y 19th			2023				
		Affect of the same	· ·		_ ·			
-		Sign	ature of a med	nber or author	ized representa	tive of a membe		