123000368802

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Corapac			
4-29-24			





000425675600

FILED Apr 28, 2024 08:00 AM Secretary of State

COVER LETTER

	Registration Se Division of Cor			
ento nez	Atlas Techr	nical Services, LLC		
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Abdelkader Rhiati		
			Name of Person	
			Firm/Company	
		8406 Kelsall Drive		
			Address	
		Orlando, Florida 32832		
		<u> </u>	City/State and Zip Code	
		abdelrhiati@gmail.com		
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:	
Abdelka	der Rhiati		407 965 - 9113 at ()	
	Name o	f Person	at ()	Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	60.00 Filing Fee, Certificate of Status & Certified Copy additional cupy is enclused)
Mailing Address: Registration Section			Street Address: Registration Section	
Division of Corporations		orporations	Division of Corporations	
			The Centre of Tallahasse	
P.O. Box 6327 Tallahassee, FL 32314		7		e

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED Apr 28, 2024 08:00 AM Secretary of State

y as it now appears on cability Company)	ur records.)
vere filed on <u>07/31/2</u> 0	and assigned
ity company here:	
y Company," the designs	ntion "LLC" or the abbreviation "L.L.C."
	<u></u>
	· · · · · · · · · · · · · · · · · · ·
ddress on our record	ls, <u>enter the name of the new registered</u>
Enter Florida st	ver address
	Classista.
Cuy	, Florida Zip Code
Cuy	, Florida Zip Code
	were filed on 07/31/20 lity company here:

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:

or remov	ed from our records:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🖸 Add
			Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

D. Hamending any other inform	nation, enter change(s) here: (Attac	h adattonal sheets, if necessary.)
		
		<u> </u>
		
		· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this	he date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(tory filing requirements, this date will not be listed as the
f the record specifies a delayed effectecord is filed.	tive date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 7	2024	
	Abdelkader Rhiat	
41.10 1 897.2	Signature of a member or authorized repr	esentative of a member
Abdelkader Rhiati	Typed or printed name of	f signee

Filing Fee: \$25.00