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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ATC Group 1/U Name of kimited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ashuy Johnson Name of Person
ATourn of Class Remodeling, UC
2335 Douglas Rd, Lot A
Panama City, FL 32405 City/State and Zip Code
E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
AS Number Of Person On Non at (850 819 4843) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$\$\$ Certified Copy (additional copy is enclosed)}\$\$\$\$ Certified Copy (additional copy is enclosed)

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

ATOGOUP, UU
(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 Company were filed on $08 31 2023$ and assigned Florida document number 12300040912 U
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: ATC Group of Co., L.V. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
. Florida
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>	Name	Address	Type of Action
Ambr	Daniel C. Angli	1428 N Anita Dr	X/Add
		Panama City, 32404	F Remove
Ambr	Chvistopher A Nordan	428 N. Anita Da	
ANOVdan	panama City, F		
	32404	□ Change	
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record specif I is filed.	ies a delayed effective date, bu	ut not an effective time, at	12:01 a.m. on the earl	ier of: (b) The 90th day	after th
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	ignature	e of a member or authorized	epresentative of a memb	er V V V	

Filing Fee: \$25.00