## L24 000 334 119

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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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08/28/24--01009--014 #25.00

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

ATLANTI	X LLC		
300#BC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gwen Foster		
		Name of Person	
	Atlantix LLC		
		Firm/Company	
	1312 17th Street #756		
		Address	
	Denver, Colorado 80202		
		City/State and Zip Code	
	info@atlantixcontracting.co		
	E-mail address: (	to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
Gwen Foster		727 3006458 at ( )	
Name of Person		Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000334119	were filed on <u>07/29/24</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	2901 Kelvington Dr. Orlando, Fl. 32810	21,
(Principal office address MUST BE A STREET ADDRESS)		
		22
Enter new mailing address, if applicable:	1312 17th Street #756 Denver, CO 80202	cii Ti
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name o	of the new regis
Name of Isew Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code

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

ATLANTIX LLC

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
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please add my EIN: 99-4334763 E. Effective date, if other than the date of filing: \_\_\_ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed. Dated \_\_\_\_\_ **GWEN FOSTER** Signature of a member or authorized representative of a member GWEN FOSTER Typed or printed name of signee