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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future 

= Email Address:\_\_\_

## LIC AMND/RESTATE/CORRECT OR M/MG RESIGN ATUM LEGAL LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.* ATUM LEGAL LLC	.•
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L25000012087</u>	and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" 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 offic agent and/or the new registered office address here:	e address on our records, enter the name of the new register
-	
Name of New Registered Agent:	<u></u>
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
The Megistered Office Address.	Enter Florida street address
	. Florida

## 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.

City

Zip Code

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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
AMBR	Connelly, Michael	7901 4TH ST N STE 300	<b>=</b> Add
		ST. PETERSBURG, FL 33702	□Remove
			Change
AMBR	Diaz, Jan-Paul	7901 4TH ST N STE 300	≘Add
		ST. PETERSBURG, FL 33702	□Remove
			Change
			□ Add
			□Remove
			□ Remove
			Change
			□Add
			□Remove
		<del></del>	Change
	<del></del>		🗀 Add
			□Remove
			□Change

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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the aj	pplicable statute	ling or more than 90 d ory filing requireme	(optional)  ays after filing.) Pursuan  nts, this date will not	it to 605.0207 (3 be listed as th
ne record specifies a delayed effectord is filed.					ay after the
Dated Jan 23	Signature of a member or	·			
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