

115000003341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

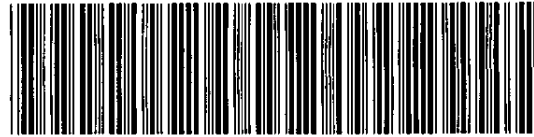
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 AUG 14 AM 11:03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Foreign Amend

*File
1st*

1. Alterna Tax Asset Group, LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTERNA TAX ASSET GROUP, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christie Anderson

Name of Person

Alterna Tax Asset Group, LLC

Firm/Company

1801 South Federal Hwy, 2nd Floor

Address

Boca Raton FL 33432

City/State and Zip Code

candersen@alternacap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Greenberg

Name of Person

at (305) 667-3002

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: ALTERNA TAX ASSET GROUP, LLC
2. The Florida document number of this limited liability company is: M15000003341
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 04/30/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: ATAG Delaware, LLC
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. 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

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15 AUG 14 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, 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.

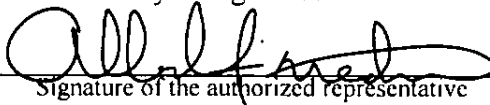
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
- _____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Albert Friedman, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ALTERNA TAX ASSET GROUP, LLC", CHANGING ITS NAME FROM "ALTERNA TAX ASSET GROUP, LLC" TO "ATAG DELAWARE, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF AUGUST, A.D. 2015, AT 1:32 O'CLOCK P.M.

5732000 8100

151151903

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2630603

DATE: 08-10-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:57 PM 08/10/2015
FILED 01:32 PM 08/10/2015
SRV 151151903 - 5732000 FILE

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION OF ALTERNA TAX ASSET GROUP, LLC**

1. The name of the limited liability company (the "Company") is:

Alterna Tax Asset Group, LLC.

2. Article 1 of the Certificate of Formation of the Company is hereby amended to read in its entirety as follows:

The name of the limited liability company is ATAG Delaware, LLC (the "Company").

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Amendment on the 4th day of August, 2015.

Alterna Tax Asset Group, LLC

By: 
Albert Friedman, Authorized Person

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15 AUG 14 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA