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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

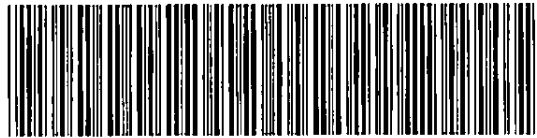
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2023 MAR 27 AM 11:15

CLERK OF STATE
JULIA A. BASS, CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alexander Thompson Arnold PLLC, 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:

John L. Warner Jr.

Name of Person

Warner Law Firm PLC

Firm/Company

308 W. Church St.

Address

Union City, Tennessee 38261

City/State and Zip Code

lblurton@atacpa.net

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

For further information concerning this matter, please call:

John L. Warner Jr.

Name of Person

at (731)

885-2430

Area Code & Daytime Telephone Number

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

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

CR2E055 (9/15)

2023 MAR 27 AM 11:15
CLERK OF STATE
TALLAHASSEE, FL

FILED

**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: Alexander Thompson Arnold PLLC, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M15000010258

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: December 23, 2015

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

5. New name of the limited liability company: ATA CPAs + Advisors PLLC
(must contain "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 Changing Registered Agent, Signature of New Registered Agent

FILED

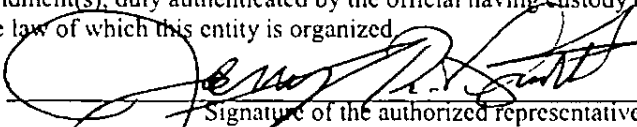
2023 MAR 27 AM 11:15
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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
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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

Jerry D. Smith

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2023 MAR 27 AM 11:15
CLERK OF DISTRICT COURT
HASTINGS, NE



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

JOHN L WARNER JR
JOHN L WARNER JR
308 W CHURCH ST
UNION CITY, TN 38261

March 1, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0518634

Issuance Date: 03/01/2023
Copies Requested: 1

Document Receipt

Receipt #: 007853586

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3846153797

\$20.00

Regarding: ATA CPAs + Advisors PLLC

Filing Type: Limited Liability Company - Domestic

Control #: 325028

Formation/Qualification Date: 01/29/1997

Date Formed: 01/29/1997

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: OBION COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ATA CPAs + Advisors PLLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 059179836



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

WARNER LAW FIRM PLC
ATTN: JOHN WARNER JR
308 W CHURCH S
UNION CITY, TN 38261

Request Type: Certified Copies
Request #: 519970

Issuance Date: 03/09/2023
Copies Requested: 7

Document Receipt

Receipt #: 007883097

Filing Fee: \$140.00

Payment-Check/MO - WARNER LAW FIRM PLC, UNION CITY, TN

\$140.00



I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **ATA CPAs + Advisors PLLC**, Control # 325028 was formed or qualified to do business in the State of Tennessee on 01/29/1997. ATA CPAs + Advisors PLLC has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett
Secretary of State

Processed By: Tiffany Washington

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
B1335-7974	02/22/2023	Articles of Amendment

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>State of Tennessee Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243</p> </div> <div style="text-align: center;"> <p>ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (LLC)</p> </div> </div>	<i>For Office Use Only</i>
LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) <u>325028</u>	
PURSUANT TO THE PROVISIONS OF §48-209-104 OF THE TENNESSEE LIMITED LIABILITY COMPANY ACT OR §48-249-204 OF THE TENNESSEE REVISED LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF ORGANIZATION:	
PLEASE MARK THE BLOCK THAT APPLIES: <input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE. <input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE _____, _____ (DATE) _____ (TIME). (NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.	
1. PLEASE INSERT THE NAME OF THE LIMITED LIABILITY COMPANY AS IT APPEARS ON RECORD: <u>Alexander Thompson Arnold PLLC</u> IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW: <u>ATA CPAs + Advisors PLLC</u>	
2. PLEASE INSERT ANY CHANGES THAT APPLY: A. PRINCIPAL ADDRESS: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> CITY STATE/COUNTY ZIP CODE </div> B. REGISTERED AGENT: _____ C. REGISTERED ADDRESS: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> CITY STATE ZIP CODE COUNTY </div> D. OTHER CHANGES: The company elects to be governed by the TN Revised LLC Act.	
3. THE AMENDMENT WAS DULY ADOPTED ON <u>January</u> <u>25</u> <u>2023</u> <div style="display: flex; justify-content: space-between; font-size: small;"> MONTH DAY YEAR </div> <p>(If the amendment is filed pursuant to the provision of §48-209-104 of the TN LLC Act, please also complete the following by checking one of the two boxes:) AND THE AMENDMENT WAS DULY ADOPTED BY THE <input type="checkbox"/> BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED <input checked="" type="checkbox"/> MEMBERS</p>	
<u>Managing Member</u> SIGNER'S CAPACITY	 SIGNATURE <u>John D. Whybrew</u> NAME OF SIGNER (TYPED OR PRINTED)
<div style="display: flex; justify-content: space-between; font-size: x-small;"> SS-4247 (REV. 01/06) Filing Fee: \$20.00 RDA 2458 </div>	