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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)

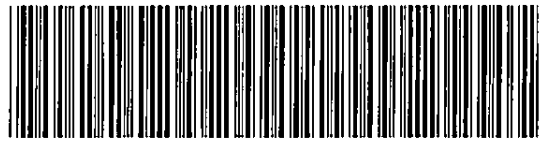
(Document Number)

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RECEIVED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATA CPAs + Advisors PLLC  
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.

at ( 731 )

885-2430

Name of Person

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

**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: ATA CPAs + Advisors PLLC

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, 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.*

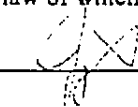
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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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_____	_____	_____	<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.

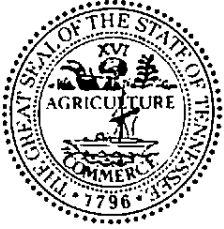


\_\_\_\_\_  
Signature of the authorized representative

Jerry D. Smith

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00



**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  
308 W CHURCH ST  
UNION CITY, TN 38261

**Request Type: Certified Copies**  
Request #: 592542

Issuance Date: 07/17/2024  
Copies Requested: 3

**Document Receipt**

Receipt #: 009131717

Filing Fee: \$60.00

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

\$60.00


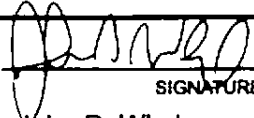
I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **ATA, PLLC**, Control # 325028 was formed or qualified to do business in the State of Tennessee on 01/29/1997. ATA, PLLC has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents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

Tre Hargett  
Secretary of State

Processed By: Cindy Johnson

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>
B1505-1564	02/07/2024	Articles of Amendment

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p><b>State of Tennessee</b> Department of State Corporate Filings 312 Rosa L. Parks Ave. 6<sup>th</sup> Floor, William R. Snodgrass Tower Nashville, TN 37243</p> </div> <div style="text-align: center;"> <p><b>ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (LLC)</b></p> </div> </div>	For Office Use Only
LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) <u>000325028</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>ATA CPAs + Advisors PLLC</u> IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW: <u>ATA, PLLC</u>	
2. PLEASE INSERT ANY CHANGES THAT APPLY: A. PRINCIPAL ADDRESS: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>STREET ADDRESS</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>CITY</span> <span>STATE/COUNTY</span> <span>ZIP CODE</span> </div> B. REGISTERED AGENT: _____ C. REGISTERED ADDRESS: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>STREET</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>TN</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> <span>COUNTY</span> </div> D. OTHER CHANGES: <small>The Company elects to be governed by the Tenn. Revised Limited Liability Company Act as a member-managed professional limited liability company.</small>	
3. THE AMENDMENT WAS DULY ADOPTED ON <u>January</u> <u>31</u> <u>2024</u> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>MONTH</span> <span>DAY</span> <span>YEAR</span> </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</p> <p><input type="checkbox"/> BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED</p> <p><input checked="" type="checkbox"/> MEMBERS</p>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Managing Member</u></p> <p style="font-size: x-small;">SIGNER'S CAPACITY</p> </div> <div style="width: 45%; text-align: center;">  <p style="font-size: x-small;">SIGNATURE</p> <p><u>John D. Whybrew</u></p> <p style="font-size: x-small;">NAME OF SIGNER (TYPED OR PRINTED)</p> </div> </div>	
<div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>SS-4247 (REV. 01/08)</span> <span>Filing Fee: \$20.00</span> <span>RDA 2458</span> </div>	