

M16000000408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

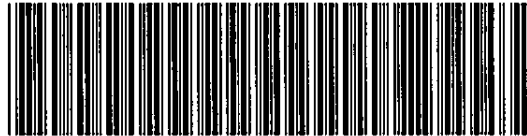
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/15/16--01013--026 **25.00

FILED
2016 FEB 15 AM 10:00
TALLAHASSEE FLORIDA

FEB 16 2016
J. HARRIS



Jenese C. Beckstrom
Paralegal
Direct Dial 225-248-2410
Direct Fax 225-248-3010
jbeckstrom@joneswalker.com

February 12, 2016

By Federal Express

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: ATC Group Services LLC.; Our Matter No. 156988-00

Dear Sir or Madam:

Enclosed for filing, please find the following:

Two copies of an Application by Foreign Limited Liability Company to file
Amendment to Certificate of Authority to Transact Business in Florida for ATC
Group Services LLC

I have also enclosed a check in the amount of \$25.00 to cover the cost of the filing fee.
Please return a clocked copy of this document to me using the enclosed Federal Express
envelope. If you have any questions, please call me at 225-248-2410 or email me at
jbeckstrom@joneswalker.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Jenese C. Beckstrom".

Jenese C. Beckstrom
Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATC Group Services 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:

Jenese Beckstrom

Name of Person

Jones Walker LLP

Firm/Company

8555 United Plaza Blvd., 5th Floor

Address

Baton Rouge, LA 70809

City/State and Zip Code

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

For further information concerning this matter, please call:

Jenese Beckstrom

Name of Person

at (225) 248-2410

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: ATC Group Services 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)

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TALLAHASSEE FLORIDA

2. The Florida document number of this limited liability company is: M16000000408

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/13/2016

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

5. New name of the limited liability company: _____
(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

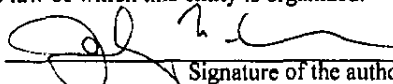
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Please add the below listed person as Assistant Secretary:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Ass. Sec	Alexis E. Paniagua, PE	9955 NW 116 Way, Suite 1, Miami, FL 33178-5128	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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

Jeff Koonce

Typed or printed name of signee

Filing Fee: \$25.00

2016 FEB 15 AM 10:00
STATE OF FLORIDA
TALLAHASSEE