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(Red	questor's Name)	
(Ado	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Doe	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to i	Filing Officer:	

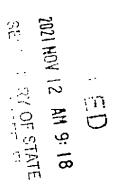
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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Atlas Technical Consultants I	LI.C	
Name o	f Foreign Limited Liability Company	
Dear Sir or Madam:		
The enclosed application, certificate and	d fee(s) are submitted for filing.	
Please return all correspondence concer	rning this matter to the following:	
Yvette Bonvillain		
Name of Person	1	
Atlas Technical Consultants LLC		
Firm/Company		
5750 Johnston Street, Suite 400		
Address	**************************************	
Lafayette, LA 70503		
City/State and Z	ip Code	
Yvette.bonvillain@oneatlas.com		
E-mail address: (to be used for future	annual report notification)	
For further information concerning this	matter please call:	
Yvette Bonvillain	337 262-9129	
Name of Person	at () Area Code & Daytime Teleph	one Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporate Centre of Tal 2415 N. Monroe Stallahassee, FL 33	orations lahassee Street, Suite 810
Enclosed is a check for the foll \$25 Filing Fee \$30 Filing Fee Certificate of S CR2E055 (9/15)	& ☐ \$55 Filing Fee & ☐ \$60 Fi status Certified Copy Certi	ling Fee, ficate of Status & entified 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 of	on the records of the Florida Department of					
State: Atlas Technical Consultants LLC						
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
2. The Florida document number of this limited liabi	lity company is: M19000005175					
3. Jurisdiction of its organization: Delaware						
4. Date authorized to do business in Florida: 05/13/2	2019					
SECTION II (5-9 complete only the applicable ch	N II (5-9 complete only the applicable changes)					
Date authorized to do business in Florida: 05/13/2019 TION II (5-9 complete only the applicable changes) The name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.," or "LLC.") The ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a coff the written consent of the managers or managing members adopting the alternate name. The alternate name is contain "Limited Liability Company," "L.L.C." or "LLC.")						
copy of the written consent of the managers or managers	ging members adopting the alternate name. The alternate nam	១០				
6. If amending the registered agent and/or registered registered agent and/or the new registered office additional actions are registered as a second control of the new registered of the registered agent and/or the registered agent and/or the new registered agent and/or registered agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered agent agent and/or the new registered agent	officer address on our records, enter the name of the new ress here:					
Name of New Registered Agent:	—————————————————————————————————————					
New Registered Office Address:	Enter Florida Street Address					
	, Florida 37 -					
	City Zip Corle &					
the provisions of all statutes relative to the proper an and accept the obligations of my position as registere	and agree to act in this capacity. I further agree to comply wind complete performance of my duties, and I am familiar with eed agent as provided for in Chapter 605, F.S. Or, if this the registered office address, I hereby confirm that the limited	!				

Title/ Capacity		Address	Type of Action
. Secretary	June Ellen Powell	155 Pinedo Drive, Titusville, FL 32780	⊟ Add
		·	□Remo
		.	□Add
			CIRemo
			□Add
			□Remo
			
			□Remo
			□Add
aforemention	certificate, if required: no more the ned amendment(s), duly authenticat ander the law of which this entity is	ted by the official having custody of records in the	□Remo

Filing Fee: \$25.00