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OCT 25 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Atlas Associates, Inc DOCUMENT NUMBER: P08000078305 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maria Regeci Name of Contact Person Atlas Associates, Inc. Firm/ Company 2323 N State Street, Unit 50 Address Bunnell, Florida 32110 City/ State and Zip Code maria.regeci@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (386) 206-8600 Area Code & Daytime Telephone Number Maria Regeci Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

to

Attas Associates, the					
(Name of Corporation :	as currently f	<u>filed with the Florida Dep</u>	t. of State)		
P08000078305					
(Document	t Number of C	Corporation (if known)		•	
Pursuant to the provisions of section 607,1006, Florida Statistis Articles of Incorporation:	tatutes, this FI	orida Profit Corporation a	dopts the fo	llowing amend	ment(s)
A. If amending name, enter the new name of the corpo	oration:				
MLR Finacial Co.,				The n	env
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	"Inc," or "Co	". A professional corpor		the abbreviat	ion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				SECHLIANT PER	FILED
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		s in Florida, enter the nar	ne of the	STATE LORIDA	
Name of New Registered Agent					
	(Florida street	address)	_		
New Registered Office Address:			. Florida		_
	(C	ity)		(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		h and accept the obligation	s of the pos	ition.	
Signatur	re of New Reg	istered Agent, if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	ones .		
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change		_		-	
Add					
Remove					
3) Change		_		<u>-</u>	
Add					
Remove					
4) Change		_		. ,	
Add					
Remove					
5) Change	<u></u>	_			
Add					
Remove					
6) Change		_			
Add					
Remove					

If an amendment provides for an exchange, reclassification, or cancellation of iss provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment	
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(if not applicable, indicate N/A)	tself:

	10/20/2017	, if other than the
The date of each amendment(s date this document was signed.	, adoption:	If other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date w Department of State's records.	rill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
DatedSignature	laria Resea	
selo	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	_
	Maria Regeci	
	(Typed or printed name of person signing)	<u>_</u>
	President/Owner	
	(Title of person signing)	