

42000020130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

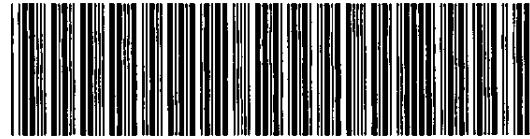
(Business Entity Name)

(Document Number)

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13 AUG -1 PM 5:36
CLERK/SEC. FLORIDA

AUG -8 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATD Consultants LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danny Cesar
Name of Person
ATD Consultants LLC
Firm/Company
10753 SW 104 ST
Address
Miami, FL 33176
City/State and Zip Code
DCesar@ATDconsultant.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danny Cesar at 305 356-7509
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
☒ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
13 AUG - 1 PM 5:37
TALLAHASSEE, FLORIDA

ATD Consultants LLC

The Articles of Organization for this Limited Liability Company were filed on 02/16/2012 and assigned
Florida document number L12000020130.

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices 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)

B. If amending the registered agent and/or registered office 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 60S, 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.

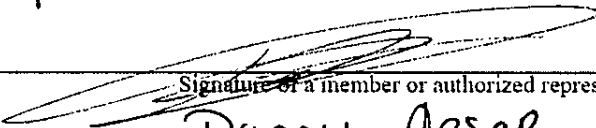
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

13 Add
Remove: PM 5:37
Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 16th 2013



Signature of a member or authorized representative of a member
Danny Cesar

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 AUG -1 PM 5:37
CLARK COUNTY, FLORIDA