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N. Culligan MAY 28 2013

COVER LETTER

,		COVEREETER	
TO: Registration Sec Division of Corp			iget
SUBJECT:	Atuo LLC	11:12:4	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Cath	erine Boma	Ν
		Name of Fesour	
		Firm/Company	
	P.O.	Box 655	
		Address	
	Ba	A Maur, PA	01091
	E-mail address: (to	Bowan @ aol (o be used for future annual report notificati	
For further information co	neerning this matter, please ca	all:	
<u>CATHERIN</u> Name of	e Boman Person	at (610) 716 - 59 Area Code & Daytime Te	1a lephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2013 HAY 24 PN 3-16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Matuo	LIC
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 13 000 37	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	PRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title <u>Name</u> **Address** MERM Ryan Boman 112 Mondella Ave DAdd Bryn Mawr, PA Remove 19010

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Change little from MGR to MARM
	of CATHERINE Boman
	618 NE 2nd St Suite B
	Gainesville FL
	32601
Dated	5/20/,2013.
	Catherine Boman
	Signature of a member or authorized representative of a member
	CATHERINE BOMAN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
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