13000048484

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section **Division of Corporations**

ATOM VENTURES, 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:

HERNANDO BARRETO

Name of Person

ATOM VENTURES, LLC

Firm/Company

11930 N BAYSHORE DR, STE 1106

Address

MIAMI, FL 33181

City/State and Zip Code

HERNANDO@SOCIALATOMGROUP.COM

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

For further information concerning this matter, please call:

HERNANDO BARRETO

at (954) 270 4991

Area Code & Daytime Telephone Number

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 SEP -4 AM II: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ATOM VENTURES, LLC			
(Name of the Limited Li (A Fl	ability Company as it r orida Limited Liability (ow appears on our records.) Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L13000048484</u>			and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability con	npany here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office add		er the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
New registered Office Address.		Enter Florida street e	address
		. Florida	
_	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	oer and complete perf red agent as provideo istered office address	formance of my duties, and I for in Chapter 608, F.S. (I am familiar with and Or, if this document is

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

<u>Title</u>	Name	Address 1	Type of Action
MGRM	SERGIO ROMO	SONORA 166 PISO 1 COLONIA HIPODROMO CONDESA. DF 06140 MX	Add
			Remove
MGR	JOHNATAN LEWY	SONORA 166 PISO 1 COLONIA HIPODROMO CONDESA, DF 06140 MX	Add
			Remove
			Add
			Remove
			Add
			Remove
	Arrange de la companya de la company		Add
			Remove
			Add
			Remove

D . 1	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Date	ed Augus 127, 2,013
	Laut
	Signature of a member of atthorized representative of a member HERNANDO BARRETO Typed or printed name of signee

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Filing Fee: \$25.00

2013 SEP -4 AM II: 5