Division of Corporations Electronic Filing Cover Sheet

Florida Department of State

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(((H19000175559 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087

Phone : (954)389-1333

Fax Number : (954)389-1397

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ATIRANNA, LLC

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D SCOTT

JUN - 4 2019

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Registration Se Division of Cor			
	ATIRANN	IA. LLC		
SUBJE	.CT:	Name of Limite	d Liability Company	
The en	closed Articles of	Amendment and fee(s) are submi	ited for filing	
Please	return all corresp	ondence concerning this matter to	the following:	~ >
		DANIELLA SANTANA		•
		SALVER & COOK LLP	Name of Person	
		2721 EXECUTIVE PARK I	Firm/Campany DR STE 4	
		WESTON, FL 33331	Address	
		D.SANTANA@PSCCPAS.C		
		ਨਿ-mail address: (to	be used for future unnual report noti	fication)
For fur	ther information	concerning this matter, please cal	i:	
DANI	ELLA SANTAN	A	954 3891333 nt ()	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for	the following amount:		
\$2	5.00 Filing Fee	□ \$30.00 Filing Foc & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is unclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassec, FL 32	on rations enter Circle

(((H19000175559 3)))

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATIKANNA, LEC		
(Name of the Limited Lie	illity Company as it now appears on our rigida Limited Liability Company)	xords.)
The Articles of Organization for this Limited Liability Florida document number L15000109927	Company were filed on 06/24/2015	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET AD	DRESS)	 ,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	iddress
		, Florida
	City	Zip Cride
New Registered Agent's Signature, If changing Registe	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change.	d complete performance of my dutie d agent as provided for in Chapter (ered office address, I hereby confir	es, and I am familiar with and 505, F.S. Or, if this document is
	If Changing Registered Agent, Signa	ture of New Registered Agent
	Page 1 of 3	

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If amending Authorized Person(s) authorized to m	anage, enter the title.	name, and address	of each person	being added
or removed from our records:				

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGK	PAUL SALVER	2721 EXECUTIVE PARK DR.,	-
		SUITE 4	Add
			☐ Remove
		WESTON, FL 33331	
			□ Change
MGR	LUCA BIANCONI	2721 EXECUTIVE PARK DR.,	• •
		SUITE 4	
			Remove
		WESTON, FL 33331	
		2021 EVECUTIVE DADV DEIVE	Chánge
AMBR	ANNA RITA MATTIA	2721 EXECUTIVE PARK DRIVE	
		SUITE 3	
		WESTON, FL 23331	Change
			
			D Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			🖸 Remove
			□ Change

Page 2 of 3

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amen(ling any other information,	enter change(s) her	e: (Attach additiona.	l sheets, if necessary.)	
				<u> </u>	
					
					
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Tective	date, if other than the date	of filing:		(optional)	
on effect ote: If ocumen	e date, if other than the date ive date is listed, the date must be sy the date inserted in this block d t's effective date on the Deports	oes not meet the appli ment of State's record	ir to date of filling or more cable statutory filling re s.	continuo enys anter ming., i equirements, this date w	ill not be listed a
reco The 9	d specifies a delayed effo Oth day after the record i	ective date; but no	ot an effective tim	e, et 12:01 a.m. o	n the earlier o
nted	INE 03	/) 2019			
11EU			7 /		
	Sight	ture of a member or aut	ho izaci fupresentative of	a member	
	1		+		
	PAUL SALVER /	Typed or pan	ted name of signee		
			e 3 of 3		