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COVER LETTER.

TO:		istration Sec ision of Corp			<i>y</i> .	
•	E1 2741	ATMG Hold	lings, L.L.C.			
SUBJI	ECT:		Name of Lim	ted Liability Company		
The en	iclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		2023 C
Please	return	all correspon	dence concerning this matter	to the following:		2023 COT 16
			Daniel Merino			·
				Name of Person		——————————————————————————————————————
			ATMG Holdings, L.L.C.			Ċ1
				Firm/Company		
			10761 NW 89th Avenue			
				Address		
			Hialeah Gardens, FL 3301	8		
				City/State and Zip Code		
			dmerino@alliedtk.com			
			E-mail address: (to be used for future annual re	eport notification))
For fu	rther in	nformation co	ncerning this matter, please ca	all:		
Alejar	ndro C	usco			-9312	
		Name of	Person	at () Area Code	Daytime Teleph	none Number
Enclos	sed is a	check for the	e following amount:			
≡ \$ 2	25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ATMG Holdings, L.L.C.			-
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	<u></u> ΩI
The Articles of Organization for this Limited L Florida document number	iability Company were filed on A	ugust 11, 2020	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company l	ere:	
The new name must be distinguishable and contain the vector new principal offices address, if application of the principal office address MUST BE A STREET	eable:	designation "LLC" or the ab	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the nam	e of the new registo
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	10761 NW 89th Avenue Enter Fi	orida street address	<u>-</u>
	Hialeah Gardens	, Florida	018
	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 605, 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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ective date, if other than the effective date is listed, the date is	he date of filing:	rior to date of filing or more	(optional)	pant to 605 020
e: If the date inserted in this ument's effective date on the	block does not meet the app	plicable statutory filing r	equirements, this date will r	ot be listed :
cord specifies a delayed effec s filed.	tive date, but not an effectiv	ve time, at 12:01 a.m. on	the earlier of: (b) The 90th	n day after th
October 4	2023			
		<u> </u>		

Typed or printed name of signee