L110000088754

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200242543002

12/17/12--01047--023 **30.00

J. SAULSBERRY EXAMINER

DEC 19 2012

COVER LETTER

TO:

Registration Section
Division of Corporations

SURJECT

Atri Group 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:

Rairhard Rosas

Name of Person

Atri Group LLC

Firm/Company

10661 NW 14th ST #243

Address

Plantation, FL 33322

City/State and Zip Code

rairhard@aol.com

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

For further information concerning this matter, please call:

Rairhard Rosas

Name of Person

at (954) 439-5074

Area Code & Daytime Telephone Number

2012 DEC 17 AM 8-50
SECRETARY OF STATE
AND THE SECRETARY OF STATE
SECRETARY OF STATE
OF STATE
SECRETARY OF STATE
OF STAT

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

Atri Group LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number L11000088754	Company were filed on 08/02/2	011 and assigned		
This amendment is submitted to amend the following:				
Chis amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "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 ADDRESS)				
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	<u>PRESS)</u>	2017		
		ASS.		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		ن است		
		2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ecords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	orida 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 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 Changing Registered Agent, Signature of New Registered Agent

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

. MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u> <u>T</u>	vpe of Action
MGR	Maria Pacifico	10661 NW 14th ST #243	Add
		Plantation, FL 33322	Remove
			Add Remove
	····	SECILETAR) TALLAHASSI	Add Remove
		SHE FUORIDA	Add Remove
			Add Remove
			Add Remove

If amendi	ng any other information,	enter change(s) here: (Attach additional sheets, if necessar	y.)
	•		
·			
ted Dec	ember 11		
_		Kik.	
	Signature	e of a member of authorized representative of a member	
i	Rairhard Rosas		
.		Typed or printed name of signee	
		Typed of printed name of signee	

Page 3 of 3

Filing Fee: \$25.00