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## **COVER LETTER**

TO:					
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SCOSE	C1.	Name of Lin	nited Liability Company	<del> </del>	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Katalina Penaranda, Esq.			
		ATALAN, LLC  Name of Limited Liability Company  and Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  Katalina Penaranda, Esq.  Name of Person  Guttenmacher, Bohatch & Penaranda, P.A  Firm/Company  7301 SW 57th Court, Suite 560  Address  South Miami, FL 33143  City/State and Zip Code  KPenaranda@GBPTaxLaw.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  maranda, Esq.  Name of Person  a check for the following amount:  Filing Fee  S30,00 Filing Fee & S55,00 Filing Fee & S60,00 Filing Fee, Certificate of Status & Certified Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (certificate Of Status & Certified Copy)  Certificate Of Status & Certified Copy  Certificate Of Status & Certified Copy			
7301 SW 57th Court, Suite 560		: 560			
For further Katalina	Address				
		South Miami, FL 33143			
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				ration)	
For furth	er information c				
Katalina	Penaranda, Esq				
•	Name o	f Person	Area Code Daytime	Felephone Number	
Division of Corporations  ATALAN, 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:  Katalina Penaranda, Esq.  Name of Person  Guttenmacher, Bohatch & Penaranda, P.A  Firm/Company  7301 SW 57th Court, Suite 560  Address  South Miami, FL 33143  City/State and Zip Code  KPenaranda@GBPTaxLaw.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Katalina Penaranda, Esq.  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Esclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate of Status					
<b>≡</b> \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATALAN, LLC		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number		and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new regis
the new registered office address neve.		
Name of New Registered Agent:		
New Registered Office Address:		' ; _l
How registered office Address.	Enter Florida street address	
	, Florida	
	City	Zip Cöde

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 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>	Name	Address	Type of Action
MGR	MELISSA IACOBELLI GLOVER	6436 Via Rosa	
		Boca Raton, FL 33433	□ Remove
			Change
			🗀 Rетюче
			Change
			□Remove
			Change
			□ Add
			□Remove
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		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□ Change

fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed.	II an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:		
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	Dated	Vary Jacobell
VA A CALL IN COLORS		Signature of a member or authorized representative of a member

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