# 108000086034

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**EXAMINER** 



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration S Division of Co		;	*	
SUBJECT.	ATTICO HO	DLDING USA, LLC.		
SUBJECT:		ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	E	rnesto Sanchez, Esq.		
		Name of Person		
	E	rnesto Sanchez, P.A.	•	
		Firm/Company		
	1313 Po	nce de Leon Blvd., Suite 301		
		Address		
		Miami, FL. 33134		
City/State and Zip Code				
	E-mail address: (	sanch@bellsouth.net to be used for future annual report notifica	tion)	
		·	(tony	
For further information	concerning this matter, please of	cati:		
Err	nesto Sanchez	at ( 305 ) 44  Area Code & Daytime 1	41-2040	
Name of Person		Area Code & Daytime T	elephone Number	
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

ATTICO I	HOLDING USA, LL	C			
( <u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability	Company were filed on	09/10/2008	and	d assig	ned
Florida document number L08000086034	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company her	<u>·e</u> :			
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	any," the designation '	'LLC" or	the abl	reviation
Enter new principal offices address, if applicable:			···		
(Principal office address MUST BE A STREET ADD	RESS)		Ž.		<del></del>
•			下点 <b>下</b> 源	3	\$1179 ( <b>859</b> )
Enter new mailing address, if applicable:			TARY HASSE	V −9	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	¥	111
				φù	O
	<u></u>		ē#	6	
B. If amending the registered agent and/or regis		our records, <u>enter</u>	the nan	ne of	the new
registered agent and/or the new registered office add	dress here:				
Name of New Registered Agent:	·				
New Registered Office Address:	•				
	En	ter Florida street ad	dress		
		, Florida			
	Citv		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, 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>	<u>Name</u>	Address	Type of Action
MGR	Ana Maria Contin Lopez	c/o Ernesto Sanchez, P.A.  1313 Ponce de Leon Blvd., Suite 301  Coral Gables, FL, 33134	☑ Add ☐ Remove
MGR	Elizabeth del Pino Medina	c/o Ernesto Sanchez, P.A. 1313 Ponce de Leon Blvd., Suite 301 Coral Gables, FL. 33134	Add Remove
*****			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
<u>-</u>			
Dated	October 6 , 20	011 .	
	Signature of a membe	r or authorized representative of a member	<del></del>
		s Avelar, Manager	
	Турес	or printed name of signee	

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Filing Fee: \$25.00