

L11000093841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

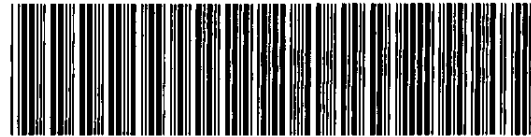
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TALLAHASSEE, FLORIDA

B. BOSTICK
NOV 10 2011
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Atira Danu, 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:

Dr. Joachim Mensing

Name of Person

Atira Danu, LLC

Firm/Company

5001 Collins Avenue, PH-3

Address

Miami Beach, FL 33140

City/State and Zip Code

jmensing@moodform.com

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

For further information concerning this matter, please call:

Dr. Joachim Mensing

Name of Person

at (305)

903-2605

Area Code & Daytime Telephone Number

STATE OF
TALLAHASSEE, FLORIDA

11 NOV -9 PM 5:41

611300

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)

~~_____~~
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**

Atira Danu, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 15, 2011 and assigned Florida document number L11000093841.

This 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)

5001 Collins Avenue, PH-3

Miami Beach, FL 33140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5001 Collins Avenue, PH-3

Miami Beach, FL 33140

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Dr. Joachim Mensing

New Registered Office Address:

5001 Collins Avenue, PH-3

Enter Florida street address

Miami Beach

Florida

33140

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, 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|--|--|
| MGR | Christopher J. Donnelly | 3020 NE 32nd Ave. Apt. 803 Ft. Lauderdale, FL 33308 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Daniel Castro | 7 DeGraaf Court Mahwah, NJ 07430 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 7, 2011

Signature of a member or authorized representative of a member

Dr. Joachim Mensing

Typed or printed name of signee

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FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA