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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

en n reet	ATHERIA	INVESTMENTS, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		RUI CUNHA		
		ATHERIA INVESTMENT	Name of Person 'S, LLC	
		10246 LEXINGTON ESTA	Firm/Company ATES BLVD	
		BOACA RATON FL 3342	Address 8	
		puccinisitalian03@gmail.eo	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please co	all:	
RUI CUNH	A		954 850-8640 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	i check for th	ne following amount:		
■ \$25.00 F	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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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

ATHERIA INVESTMENTS, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L11000112009	npany were filed on 09/29/2011	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company." the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	-1-1-0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	red office address on our records, ss here:	enter the pame of the
Name of New Registered Agent:		2
New Registered Office Address:	Enter Florida street address	
	Flori	0: 02 0: 02
	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
MGR	CUNHA. RUI		🗖 Add
		BOLA WATEN OF BETATED BLUD	■ Remove
			Change
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n effective da ote: If the da		nust be specific block does no	and cannot be pot meet the app	rior to date of fi olicable statute	ling or more than	90 days after filin	l) g.) Pursuant to 605,02 te will not be fisted
	pecifies a delay day after the re			not an effe	ctive time, a	it 12:01 a.m	. on the earlier
ted NOVE	MBER 14		2019	 	//		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00