

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090 Phone : (305)670-1991

Fax Number

: (305)670-1993

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATHOS NORTH LLC

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SEP - 9 2013

T. HAMPTON

ARTICLES OF T ARTICLES OF O	O PRGANIZATION	FILED 13 SEP -6 AN SECRETARY OF STALLAHASSEE, FI
ATHOS NORTH LLC (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	7; 39
The Articles of Organization for this Limited Lizbility Company Florida document number <u>L12000115540</u> ,	were filed on 09/10/2012	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Lim"C., L.C."	ited Liability Company," the designatio	π "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City, Florida	Zin 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

Title	Name	Address	Type of Action
MGR	SILVINA DOMINGUEZ	9130 S. DADELAND BLV	Add Add
		SUITE 1509	Remove
		MIAMI, FL 33156	
			Ydd
			Remove
			Acd
			Remove
			
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D. If amending	any other information, en	iter change(s) here: (Attach additional sheets, if necessary.)
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		Almatrico.
		f a network or authorized representative of a member
<u>AL</u>	EJANDRO CUPI	7
		Typed or printed name of signee

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