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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090

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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Corporate Filing Menu

Help



Fax: 13057742945

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATHOS NORTH 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 Florida document number L12000115540	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 liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	255 Aragon Ave Second Floor			
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, Fl 33134			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	255 Aragon Ave Second Floor Coral Gables, Fl 33134			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Flori	da		
	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.

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
		, <u>.</u>	Remove
			□Change
			□Remove
			□Add
			□Remove
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Fax: 13057742945

To:

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c record rd is file	specifies a do d.	slayed effective	date, but no	t an effective	time, at 12:0	la.m. on the c	earlier of: (b)	The 90th day af	ter the
D. 4.2.3 C	October	1		2020					
Dated _				ladio.	·				
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Typed or printed name of signee