L13000066351

Office Use Only



200292299432

11/28/16--01029--015 **30.00

16 NOV 28 PH 2: 34 DIVISION OF CORFORATIONS

O SIMMONS NOV 2 9 2016

COVER LETTER

Division of Corporations	
SUBJECT: Atina Consulting	Ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
Anita	Name of Person
	Firm/Company
331 NW	101st Tellace Address
Coral Spi	Cin/State and Zip Code
	6 att.net be used for future annual report notification)
For further information concerning this matter, please ca	
- · · · · · · · · · · · · · · · · · · ·	at (954) 520 - 6670 Area Code Daytime Telephone Number
Name of reison	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Atina Consulting Group, 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:
Anita Perl Name of Person
Firm/Company
331 NW 101st Tellace
Coral Springs, FL 33071 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anita Parl at (954) 570 - 6670 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsiz 30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$\Bigsiz \frac{60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigsiz \frac{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

(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	Atina Cor	sulting Group LLC	
Florida document number	(Name of the Limited I	iability Company as it now appears on	our records.)
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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) Enter new mailling address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida			05/66/20/3 and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the nergistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	This amendment is submitted to amend the following	ng:	
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 office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	A. If amending name, enter the new name of the	e limited liability company here:	
(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 office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new principal offices address, if applicable	::	
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	<u>(Principal office address MUST BE A STREET A</u>	<u>DDRESS)</u>	16 NOV 28
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new mailing address, if applicable:		
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
New Registered Office Address: Enter Florida street address Florida			F 12
Enter Florida street address Florida	Name of New Registered Agent:	<u> </u>	
Florida	New Registered Office Address:		
City , Florida		Enter Florida si	
	_	City	, Florida 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> **Name Address** Type of Action Jackie Perl 331 NW (01 Terr ____ DAdd MGRM Coral Springs, FL 33071 PRemove ☐ Change Anita Perl MGRM 331 NW 101 Terr DAdd Coral Springs , FC 33071 Remove _□ Change ☐ Remove ☐ Change □ Add Remove
16 New 28d PH 20ve
Add PH 20ve
AREM34 ☐ Change □ Add ☐ Remove

☐ Change

***************************************			12-111	"			
				<u> </u>		12-811	
						 	
					·		
		-				<u>.</u>	
						٠.	
						16 NOV 28	
						AON ON Y	
						9F 28	
						<u> </u>	2
						SHELLY STABO	ာ မ
	· -		 .			# T	=
	· · · · · · · · · · · · · · · · · · ·						
f an effectiv Note: If t	ive date is listed, the d the date inserted in		cannot be prior to neet the applicab	date of filing or mor		nal) iling.) Pursuant to 605. date will not be liste	
		layed effective de record is filed.	ate, but not a	an effective tir	ne, at 12:01 a.	.m. on the earlie	r of:
Dated	Novembe	V2742	7016 De	Q	fo mamba-		
	(Signature of a r		zed representative o	f a member		
		<i>-</i> 11	`				

Page 3 of 3

Filing Fee: \$25.00