

L13000066502 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

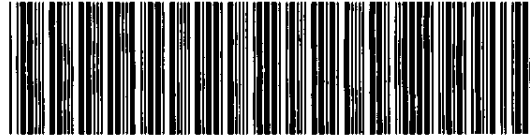
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/11/13--01010--033 **25.00

2013 DEC 11 PM 5:31
FILING OFFICE

B. BOSTICK

DEC 12 2013

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATUEL, 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:

ANTONIO E. REGOJO

Name of Person

REGOJO LAW, P. A.

Firm/Company

3550 BISCAYNE BLVD. SUITE 507

Address

MIAMI, FLORIDA 33137

City/State and Zip Code

aregojo@regojolaw.com

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

For further information concerning this matter, please call:

ANTONIO E. REGOJO

Name of Person

at (**305**) **814-8299**

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 & 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

TALLAHASSEE

2019 Dec 11 PM 5:31

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:

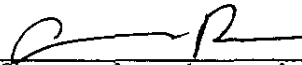
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

PALEMBANG
 20 DEC 11
 11:00 AM

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

Dated 12/4/2013



Signature of a member or authorized representative of a member

Attorney-in-fact

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC 11 PM 5:31
FALLENBERRY