

L13000120184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2018 APR 14 P 2:30

FILED

5/16/18 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2018

ADRIAAN DEVILLIERS
14730 2ND AVE CIR NE
BRADENTON, FL 34212

SUBJECT: DEVILLIERS INDUSTRIAL DIAGNOSTICS, LLC
Ref. Number: L13000120184

We have received your document for DEVILLIERS INDUSTRIAL DIAGNOSTICS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 318A00008638

2018 APR 26 P 2:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
attached

RECEIVED

2018 MAY 14 PM 2:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DEVILLIERS INDUSTRIAL DIAGNOSTICS, 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:

Adriaan DeVilliers

Name of Person

Firm/Company

14730 2nd Avenue Cir NE

Address

Bradenton, FL 34212

City/State and Zip Code

ajdevill123@hotmail.com

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

For further information concerning this matter, please call:

Adriaan DeVilliers

205 790-8290

at ()

Name of Person

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

FILED
2010 APR 14 P 2:30
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DEVILLIERS INDUSTRIAL DIAGNOSTICS, LLC

(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 August 26, 2013 and assigned Florida document number L13000120184.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Attie, LLC

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:

no change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

no change

(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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

no change

New Registered Office Address:

no change

Enter Florida street address

_____, **Florida** _____
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Patricia DeVilliers	14730 2nd Ave Cir NE	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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FILED
10 APR 14 2:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

no change

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 二、
 三、
 四、

2010 APR 14 P 2:30

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-28-2014 BY 60322
UCBAW/BJA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 18, 2018

Signature of a member of _____

Signature of a member or authorized representative of a member

Adriaan DeVilliers

Typed or printed name of signee