

SEP/30/2014/TUE 12:43 PM

L13000140055

FAX No.

001

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000228942 3)))



H140002289423ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

2014 SEP 30 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

14 SEP 30 AM 11:09

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ATENA PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

W. Sullivan OCT 1 21

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATENA PROPERTIES, 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 10/04/2013 and assigned Florida document number L13000140055.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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 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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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 695, F.S. Or, if this document 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 Authorized Member on our records, enter the title, name, and address of each Manager Authorized Member 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>
AMBR	ALBERTO PONTONIO	40 SW 13th STREET	<input type="checkbox"/> Add
		STE: 204	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	
AMBR	CRISTHIAN DICK	40 SW 13th STREET	<input type="checkbox"/> Add
		STE: 204	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	
MGR	FABIAN M. LORENZ-TALLEYRAND	8395 SW 73 RD AVE	<input checked="" type="checkbox"/> Add
		STE 906	<input type="checkbox"/> Remove
		MIAMI FLA 33143	
MGR	FCT HOLDINGS INC	8395 SW 73 RD AVE	<input type="checkbox"/> Add
		STE 906	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33143	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPT. 18, 2014



Signature of a member or authorized representative of a member

MARIANT GIORGIO

Typed or printed name of signee

2014 SEP 30 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA