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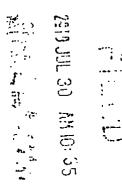
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COVER LETTER

TO: Registration Se Division of Cor		•		
SUBJECT: M \$	P ATLANTI Name of Lim	C BUSINESS ited Liability Company	- LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Name of Person Manue of Person Manue of Person Manue of Person Firm/Company		
	1623	S. 21 Ave		
	Hollywood Asi Gaty E-mail address: (City/State and Zip Code nanagement for to be used for future annual report not	Com fication)	
Address Hollywood FC 33000 City/State and Zip Code Asi Bat management fl. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Asi Top37 at (301) 461-8209 Name of Person Area Code Daytime Telephone Number				
A51 Name o	O Parson	at (<u>305</u>) <u>462 –</u> Area Code Daytim	8209 e Telephone Number	
Enclosed is a check for the	ne 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)	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Map ATLANTIC (Name of the Limited Liability Compan (A Florida Limited Li	BUSINES	5 UC
(A Florida Limited Li	ability Company)	, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L/3 000/55 33/</u> .	were filed on	5//3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		يوني
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		- 5
(Mailing address MAY BE A POST OFFICE BOX)		<u>ن</u> نون نوند نون نوند
		<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		records, enter the name of the new
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida stre	et address
	Z 124.	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	гір Соле
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my du ovided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR uanager	MARIA Teresa Guardia	1623 S. 21 Ave , Hollywood,	33°20 <u>€</u> ⊠ Add
			Remove
			Change
			
			□ Remove
			☐ Change
			🗆 Add
			Remove
			Change
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(If an effect Note: 1)	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	7/24/19
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00