## L13000156219

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SECRETARY OF STATE FAILAHASSEE, FLORIDA

SECRETARY OF STATE SECRETARY OF STATE OF CORPORATION OF CORPORATION

JUN 0 9 2015

**8 MASON** 

## COVER LETTER

TO:	Registration Division of C	Section Corporations				•
CHDICA	Atlantica	LLC				
SUBJEC	J1:	Name of Lir	nited Liability Company			
The encl	osed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please re	eturn all corres	spondence concerning this matte	r to the following:			
		Viviana Plasencia				
			Name of Person			
		Manal Oliver & Associate	es, Inc.			
			Firm/Company			
		301 W. 41st Street, Suite	501			
		· 14 mil	Address			
		Miami Beach, FI 33140				
			City/State and Zip Code			
		manal@moaaccounting.co	m (to be used for future annual			
For furth	er information	reoncerning this matter, please of		report notification;		
	Plasencia			8-7620		
	Name	e of Person	at () Area Code	Daytime Telephone Nur	mber	
Enclosed	l is a check for	r the following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certi	0 Filing Fee, ifficate of Mattus & July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SECRETARY OF CORE
	Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	Registrat Division Clifton B	T/COURIER ADDRESS tion Section of Corporations Building ecutive Center Circle		STATE

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlantica LLC	
(Name of the Limi	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	iability Company were filed on 11/06/2013 and assigned
Florida document number L13000156219	
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
	or registered office address on our records, enter the name of the n
registered agent and/or the new registered o	ffice address here:
Name of N. D. Co., LA.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	f if the first finding

## 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. Aft this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited that he company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Brigistered Agent

Lamending 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	Fernando Sonnino	9 Island Avenue, #2409	
		Miami Beach, FL 33139	□ Remove
			■ Change
<del></del>			□ Add
			□ Remove
			Change
		4 1 11 20	□ Remove
		<del></del>	☐ Change
	/ <del>************************************</del>		
			Remove
	——————————————————————————————————————	····	
			SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE FALLAHASSEE, FLORIDA
			Change

Effective date, if other than the date of filing:  (than effective date, is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 665 0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated  6-2-20/J  Manal Oliver  Typed or printed name of signee  Typed or printed name of signee  Page 3 of 3	. If amend	ding any other information	, enter change(s) he	re: (Attach additiona	sheets, if neces	sary.)	· · · · · · · · · · · · · · · · · · ·
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