

L14000100651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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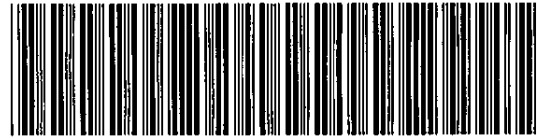
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 19 PM 2:02

APPROVED
FILED

RECEIVED
15 AUG 19 PM 1:46
DIVISION OF CORPORATIONS

K. SALY
EXAMINER
AUG 19 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atef Properties, 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:

Abdulla Atef
Name of Person
Atef Property LLC
Firm/Company
P.O. Box 275
Address
Chattanooga 37324
City/State and Zip Code
Atef4706@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abdulla Atef at (950) 570 4706
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ated Properties LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

15 AUG 19 PM 2:02

SECRET
FILED
STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/01/2014 and assigned
Florida document number 44000106651.

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

Name of New Registered Agent:

New Registered Office Address:

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

MGR = Manager
AMBR = Authorized Member

Page 2 of 3

15 MAY 1961
SEATTLE
WA 98104

15 JUL 19 07 20Z
FM JCRC TO SECDEF
INFO JCRC

100

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8/19/15, _____


Signature of a member or author

Signature of a member or authorized representative of a member

Abdulla Araf

Typed or printed name of signee