Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Shee

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : F&L ACCOUNTING SERVICES LLC

Account Number : I20170000063 Phone : (786)343-9023 Fax Number : (305)384-4684

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

Email Address: monicalopez@flaccountingllc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATILA GROUP LLC

DEPARTMENT OF STATE INTERPRETIONS TALL FOR SSEE, FLORIDA

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Corporate Filing Menu

S. ROBERTS

JUN 2 9 2023 (H23000229817 3)

COVER LETTER

TO: Registration Division of			(HZ3000ZZ9817)
	GROUP LLC		
SUBJECT:	Name of Li	mited Liability Company	
Division of Corporations ATILA GROUP ELC 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: MONICA LOPEZ Name of Person F&L ACCOUNTING SERVICES LLC Firm/Company 2414 NW 87TH PLACE SUITE 2414 Address DORAL FL 33172 City/State and Zip Code monicalopez/@flaceountingllc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MONICA LOPEZ Name of Person Area Code Name of Person Total Code Daytime Telephone Number Saclosed is a check for the following amount: Replication Saclosed is a check for the following amount: Replication Saclosed is a check for the following amount: Replication Saclosed is a check for the following amount: Replication Saclosed is a check for the following amount: Replication Saclosed is a check for the following amount: Replication Saclosed is a check			
Please return all corr	espondence concerning this matte	r to the following:	
	MONICA LOPEZ		
		Name of Person	
	F&L ACCOUNTING SE	RVICES LLC	
		Firm/Company	
	2414 NW 87TH PLACE	SUITE 2414	
		Address	##19
	DORAL FL 33172		
		·	
	· •	—	
For further informati		•	on)
MONICA LOPEZ	-	786 267-4792	
Na	me of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check (or the following amount:		
S25.00 Filing Fo		Certified Copy	Certificate of Status & Certified Copy
			n
Division of	of Corporations	Division of Corpora	ations
P.O. Box Tallahasso	6327 ee, FL 32314	The Centre of Talla 2415 N. Monroe St	

Tallahassee, FL 32303

(H23000229817 3)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (H23000229817 3) OF

ATILA GROUP LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L14000125280	were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	
	<u>~</u>
	~ *
Enter new mailing address, if applicable:	:
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
No. D. Const. Co. Const. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agroperovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	soing 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 (H23000229817 3)

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADRIAN I DUMANI	C/O F&L ACCOUNTING 2414 NW 87TH PL	≣Add
		STE 2414	□Remove
		DORAL, FL 33172	□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change
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cument's effective date on the	Department of State's	records			
	zive date, but not an eff	fective time, at 12:01	um. on the earlier of:	(b) The 90th day after	ar the
is filed.	, 202	8			
ecord specifies a delayed effect is filled. IUNE 9		-			
is filed.		Divo	m >		
is filed.	Signature of a member	www.	janiver of a member		