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C. GOLDEN MAR 2 3 2019

COVER LETTER

TO: Registration Section Division of Corporations

Atacama 5B, LLC

SUBJECT: _____

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:

Merritt A. Gardner

Name of Person

Gardner Law Firm

Firm/Company

5415 Mariner Street, Ste. 200

Address

Tampa, Florida 33609

City/State and Zip Code

mgardner@magardner.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

			FILED	
ARTICLES OF AN	AFNDMEN'	т		
TO			2010 040 1	
ARTICLES OF OR	GANIZATI	ON .	2019 MAR 11 PH 2: 10	
OF				
			Landra SEE. FI	
Atacama 5B,	LLC		and a second	
(Name of the Limited Liability Company of the Liability Company of	<u>a it now appears o</u> lity Company)	<u>n our records.</u>)		
The Articles of Organization for this Limited Liability Company we	re filed on	December 26,	and assigned	
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	<u>company here</u>	:		
FT Reef, LLC				
The new name must be distinguishable and contain the words "Limited Liability C	Company," the desig	gnation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADDRESS)				
			. <u></u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
-				
B. If amending the registered agent and/or registered office	e address on o	ur records,	enter the name of the new	
registered agent and/or the new registered office address here:				
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:				
	Enter Florida street address			
		, Flori	da	
	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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
			Add
			🖸 Remove
			🗆 Change
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			Remove
			Change

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

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E. Effective date. if	other than the date of filing	:	(optional)			
(If an effective date is Note: If the date is	isted the date must be specific and	cannot be prior to date of ect the applicable state	filing or more than 90 days story filing requirements	s after filing.) Pursuant to 605.0207 s, this date will not be listed as	(3)(b) the		
If the record specil (b) The 90th day	fles a delayed effective da after the record is filed.	ate, but not an efi	fective time, at 12:	01 a.m. on the earlier of	•		
Dated March 5	/	2019					
		·					
	1/m						
	Signature of a m	ember or authorized rep	resentative of a member				
Francis	co E. Perez						
<u>. </u>		Typed or printed name of	f signee				
Page 3 of 3							

Filing Fee: \$25.00