L15000084637

Office Use Only



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08/18/16--01018--017 **25.00





COVER LETTER

Division of Cor					
AITANA LI SUBJECT:	LC				
30B3EC1.	Name of Lim	nited Liability Company		-	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	OLGA MELO				
		Name of Person			
	A-AMERICAN FINANCI	AL SERVICE			
		Firm/Company		_	
	2761 SW 152 COURT				
		Address		ZOIS TALL	
	MIAMI, FL 33185				7
		City/State and Zip Code		788 T	
	AAMERICANFINANCIA	LSVC@YAHOO.COM to be used for future annual report notifi	antion)	333 8 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
For further information co	oncerning this matter, please c	·	canon)	A II: 5	C
OLGA MELO		305 9921879 at ()			
Name of	Person		Telephone Numb	per	
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy nal 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

ATTANA LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability (Florida document number L15000084637	Company were filed on AUGUST 1, 201	6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADD)	RESS)	
		20 20 SC
		AH AUG
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		mc m
		STEE
B. If amending the registered agent and/or regis		ls, enter the name of the no
registered agent and/or the new registered office add	lress here:	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre	ess
	, F	lorida
	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

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
AMBR	MARIA B. ARRIZABALAGA	2250 NW 114 AVE, CCS 504130	
		UNIT IC	■ Remove
		MIAMI, FL 33172	□ Change
AMBR	GAIZKA DE IRIBAR	2250 NW 114 AVE, CCS 504130	□ Add
		UNIT IC	■ Remove
		MIAMI, FL 33172	□ Change
			□ Add
			Remove
			Remove Change
			🗆 Add
			□ Remove
			Change
			Add
			Remove
			☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00