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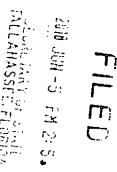
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. · · COVER LETTER

то:	D: Registration Section Division of Corporations	
SUBJ	SBJECT: Atwing LLC Name of Limited Liability Company	·····
The er	te enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	ease return all correspondence concerning this matter to the following:	
	Quinn Shith	
	GST LLP Fi.m/Company	
	1111 Brickell Avenue,	Site 2715
	Miani FL 331- Cry/State and Zip Code	3 ()
	E-mail acidges. (to be used for future annual eport notif	ication)
For fu	r further information concerning this matter, please call:	
	Name of Person Dayting	723 Telephone Number
	iclosed is a check for the following amount:	
G \$:	S25.00 Filing Fee S30.00 Filing Fee Certificate of Status 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

Atwin, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	y were filed on2)_	1/16	_ and assigned
Florida document number <u>L16 0000 24503</u> .	,	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u>-</u>	
			<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 or registered agent and/or the new registered office address he		ecords, enter the	e name of the ne
registered agent arrays the new registered system address ne	 ,	LLA	610
Name of New Registered Agent:		HASS	T Run
New Registered Office Address:	Enter Florida stree	M _s .	· · · · · · · · · · · · · · · · · · ·
	Enter i lorida strec	(0) (2)	S D
	Circ	, Florida 🕰	Ziv 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

Title	<u>Name</u>	Address	Type of Action
MGR	Ronaldo Toccafondo	IIII Brickell Ave	
		Suite 2715	□ Remove
		Miami, FL 33131	☐ Change
AMBR	Herminio de Freitas	IIII Brickell Ave	BAdd
	Suite 2715 Hiami, FL 33131	□ Remove	
		Hiami, FL 33131	☐ Change
			O Add
			Remove
			🗆 Change
			☐ Remove
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			Add
			☐ Remove
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			☐ Change

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Filing Fee: \$25.00