## 116000132465

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FILED
2011 APR 24 PH 4: 50
SECRETARY OF STATE

K. SALY APR 25 2017

## **COVER LETTER**

MICH UBJECT:	A FAM V, LLC					
Name of Limited Liability Company						
he enclosed Article	s of Amendment and fec(s) are submitted for filing.					
lease return all corr	espondence concerning this matter to the following:					
	Ava Bennett					
	Name of Person					
	Dacar Management, LLC					
	Firm/Company					
	336 E. Dania Beach Blvd.					
	Address					
	Dania, FL 33004					
	City/State and Zip Code					
	abennet(())dacarmanagement.net  E-mail address: (to be used for future annual report notification)					
or further informat	on concerning this matter, please call:					
Bob Joines, Esq.	561 739-7945 at ()					
N.	me of Person Area Code Daytime Telephone Number					
Enclosed is a check	for the following amount:					
\$25.00 Filing F	e □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2017 APR 24 PM 4: 50
TALLAHASSEE, FLORIDA

MICHA FAM V, LLC

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

The Articles of Organization for this Limited Liability Company v	were filed on 07/18/2016	and assigned
Florida document number L16000132465		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
ATLAS FAM V, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	Water the second	party and the second se
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:		, enter the name of the new
Name Descriptional OSC on Additional		
New Registered Office Address:	Enter Florida street address	1944) i i i i i i i i i i i i i i i i i i
	Flo	rida
Accordance to South Control of the C	City	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po heing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, an rovided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is
<del></del>	ains Dagietawd Agast Chautag	

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
MGR	ALBERTO MICHA-BUZALI	336 E. Dania Beach Blvd., Dania FL 33004	Add
			☐ Remove
		PF 177 NO STREET, THE PROPERTY OF THE PROPERTY	Change
			Add
			☐ Remove
			□ Change
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		AMPARANA AND AND AND AND AND AND AND AND AND	□ Remove
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ecti	ve date, if other than the date of filing: (optional)  extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
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cume	ent's effective date on the Department of State's records
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
rec	90th day after the record is filed.
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Filing Fee: \$25.00