Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000117034 3)))



H190001170343ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from	this page.
Doing so will generate another cover sheet.	15 CH

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043

Phone : (305)397-8553

Fax Number

(305)397-8521

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

Email Address: mcasal@aticusllc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATICUS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Help

Electronic Filing Menu

Corporate Filing Menu

1/2

H19000117034 3

COVER LETTER

TO: Registration Sec Division of Corp		Plu			
ATICUS LL	.c				
SUBJECT:	: Name of Limi	ted Liability Company			
The analogad Articles of A	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspor	ndence concerning this matter t	o me tonowing.			
	MARIA J. ROGGIERO				
	:	Name of Person			
	ATICUS LLC				
		Firm/Company		70 20	
	131 SE 1ST AVE			2019 APR -9	AP
		Address			三三元
	HALLANDALE BEACH,	FL 33009			BONE
		City/State and Zip Code		AH 10: 21	_
	MCASAL@ATICUSLLC.			2	
	E-mail address: (to be used for future annual report notific	ca(10f)	•	
For further information of	oncerning this matter, please ca	dl;			
MARIA J. ROGGIERO		305 775-8569			
Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	e following amount:			_	
曽 \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	į				
MAII.	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H19000117034 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATICUS LLC	M				
(Name of the Limite	A Florida Limited	iny as it now appear. Liability Company)	· on our records.)		
The Articles of Organization for this Limited Lia Florida document number L16000227993	ability Company	were filed on 12/	19/2016	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	oility company he	<u>re</u> :		
The new name must be distinguishable and contain the wa	ords "Limited Liabi	lity Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		131 SE 1ST AV			_
		HALLANDALI	E BEACH, FL 33009		_
2 Ametrial Office Business				<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		131 SE 1ST AV	E	THE R.	NEAU V
		HALLANDALI	E BEACH, FL 33009	9	
					_ =
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered o fice address her	ffice address on	our records, enter	the name of the	new
Name of New Registered Agent:	MARIA J. ROGGIERO				
New Registered Office Address:	131 SE 1ST A	VE	·		
.1011 (10) A. 1711 100 100 100 100 100 100 100 100 1	Enter Florido street address				
•	HALLANDAI		, Florida <u>33</u>	3009	_
•		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 heing added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	MIRIAM DICK	1980 S GLADES DR, APT 28	
		NORTH MIAMI BEACH, FL 33162	Remove
			Change
AMBR	MARIA J. ROGGIERO	131 SE IST AVE	Add
		HALLANDALE BEACH, FL 33009	☐ Remove
			☐ Change
			Adding -9 Remove
			U Change?
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			D Add
			□ Remove

Page 3 of 3

Typed or printed name of signee

MIRIAM DICK

Filing Fee: \$25.00