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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| subject: <u>30</u> 9 | Name of Lim | LL C ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Thomas J. Palmieri, Esq. | | |
| | | Name of Person | · |
| | Thomas J. Palmieri, P.A. | | |
| | | Firm/Company | |
| · | 340 Minorca Avenue, Suit | e One | |
| | | Address | |
| | Coral Gables, FL 33134 | | |
| | michel@nedeff.ch | City/State and Zip Code | |
| For further information c | E-mail address: (oncerning this matter, please ea | to be used for future annual report notif all: | ication) |
| Thomas J. Palmieri, Esq | | 305 441-9021 | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 SEP 26 PM 4:30

3090 HIBISCUS 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 | were filed on 03/07/2017 | and assigned |
|--|--|--|
| Florida document number L17000053275 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ity company here: | |
| ATOMIC LOANS LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 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: | | rds, <u>enter the name of the new</u> |
| | | |
| New Registered Office Address: | Enter Florida street add. | ress |
| | 1 | Florido |
| | City | Florida 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- being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, ovided for in Chapter 60: | and I am familiar with and 5, F.S. Or, if this document is |
| If Chan | ting Degistered Agent Signatur | was f Name Danis toward Named |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: 2011 SEP 25 PM 4: 30 Type of Action MGR = Manager AMBR = Authorized Member Title Name | Address MGR NEDEFF, MICHEL 920 CORAL WAY □ Add CORAL GABLES, FL 33134 ■ Remove □ Change MGR SANCHEZ, DAVID 16477 SW 67TH TERRACE MIAMI, FL 33193 **■** Remove ☐ Change MGR NMN Investments LLC 920 CORAL WAY ■ Add CORAL GABLES, FL 33134 □ Remove _□ Change 1001 MANATI AVENUE MGR Houston Investment Mgmt, LLC **■** Add CORAL GABLES, FL 33146 ☐ Remove _□ Change □ Add □ Remove _ Change _D Add _□ Remove ☐ Change

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| tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing. | (optional) |
| If the date inserted in this block does not meet the applicable statutory | ry filing requirements, this date will not be li |
| nent's effective date on the Department of State's records. | |
| | |
| cord specifies a delayed effective date, but not an effect e 90th day after the record is filed. | tive time, at 12:01 a.m. on the ear |
| : John day after the record is filed. | |
| September 21 2017 | |
| - Chicaran - Coll | \bigcap |
| · | V , |
| Signature of a menuber or authorized represer | marive of a member |
| inglitude of a meritary of authorized represent | |

Page 3 of 3

Filing Fee: \$25.00