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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	siness Entity Name)
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Certified Copies	_ Certificates o	of Status
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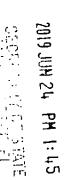
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COVER LETTER

TO	Registration Se Division of Cor		•	
citi		ROUP, LLC		
SUI	вјест:	Name of Limit	ed Liability Company	
The	enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Plea	ase return all correspo	ndence concerning this matter to	o the following:	
		IOANNIS SOTIROPOULO	s	
			Name of Person	<u> </u>
		ATOMIC GROUP, LLC		
			Firm/Company	
		220 MIRACLE MILE, SUI	TE B211	
			Address	
		CORAL GABLES, FL 331	34	
			City/State and Zip Code	
		SOTIRO77@GMAIL.COM		4
		E-mail address: (to	be used for future annual report notific	cation)
For	further information c	oncerning this matter, please ca	11:	
IO.	ANNIS SOTIROPOU	LOS	786 296-5729	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enc	closed 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

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records. a Limited Liability Company))
_	Company were filed on 05/05/2017	and assigned
This amendment is submitted to amend the following:	ment number L17000100901 ent is submitted to amend the following: ing name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." rincipal offices address, if applicable: fice address MUST BE A STREET ADDRESS) pailing address, if applicable: tress MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the new teent and/or the new registered office address here: The of New Registered Agent: The Registered Office Address:	
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 "Lim	nited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2019
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2 1
		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	
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 office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

ATOMIC GROUP, LLC

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
MGRM	FERNANDO FERRO	206 MIRACLE MILE	
		CORAL GABLES, FL 33134	
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			☐ Remove
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an effective date is listed, the dat ote: If the date inserted in the	the date of filing: the must be specific and cannot be prior to his block does not meet the applicable. The Department of State's records.	date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 60 ments, this date will not be lis)5.020 sted a
record specifies a del The 90th day after the	ayed effective date, but not record is filed.	an effective time, a	: 12:01 a.m. on the earl	lier c
ated	2019	- ∙∕		
		}		
		zed representative of a men		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00