Feb 14 2000 02:43AM HP Fax 3054053999

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H22000430872 3)))



		will generate anot				בטבב טבנ
To:						5
	Division of Cor	porations				Ç
	Fax Number	: (850)617-6383				נ נ
From:	;					,
	Account Name	: AT PLUS CORP				
	Account Number	: 120140000060				-
	Phone	: (305)406-3800				ſ
	Fax Number	: (305)406-3999				
	r the email address innual report mailir					e
a						e
a	nnual report mailir					e
E	nnual report mailir	ngs. Enter only o	ne email a	ddress pl	ease.**	e
E	mail Address:  LLC AMND/RES	ngs. Enter only o	ne emaií a	ddress pl	ease.**	e
E	mail Address:  LLC AMND/RES	TATE/CORRECTION	ne emaií a	ddress pl	ease.**	e
E	mail Address:  LLC AMND/RES	TATE/CORRECTION OF TATE/CORRECTI	ne emaií a	ddress pl	ease.**	e
E	mail Address:  LLC AMND/RES  KO	TATE/CORRECTION OF TATE/CORRECTI	ne emaií a	ddress pl  /MG RE	ease.**	e C 2

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



(Name of the Limited Liabili	ity Company as it now appears on our records.) a Limited Liability Company)	
(A Horida	а Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on 07/17/2017	and assigned
Florida document number 1.17000152702		
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the lim	ited liability gammany honor	
t. If affecting name, enter the new name of the fini	шео нарину сотрану веге:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	D L'CC;	
Trincipal Office valuess in OST BE A STREET ADDI	<u> </u>	
Enter new mailing address, if applicable:		7.
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		· -
B. If amending the registered agent and/or registere	d office address on our records, enter the n	me of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address , Florida	

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 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
AMBR	TULIO E. GALLESE DIAZ	13250 NW 25TH STREET STE 202	<b>=</b> Add
		MIAMI FL 33182	□ Remove
			□Change
			□ Add
			□ Remove
		<del></del>	Change
			□ Add
			□ Remove
			□Change
			□Remove
			□Add
			□Remove
			☐Change
<del></del>			□Add

\_\_\_\_\_ □Remove

	2022 DEC 22
	<del></del>
ive date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be prior to date of filing or a  If the date inserted in this block does not meet the applicable statutory filinent's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.02 ng requirements, this date will not be listed
d specifies a delayed effective date, but not an effective time, at 12:01 a.m. led.	on the earlier of: (b) The 90th day after the
DECEMBER 22 , 2022	
Signature of a member or authorized representative	
11.00	

Filing Fee: \$25.00