## 117000192920

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## COVER LETTER

TÓ:	Registration Sec Division of Corp			
emb r	ATI LLC			
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		PATRIK PAZGYERA		
			Name of Person	
		ATI LLC		
			Firm/Company	<del></del>
		1827 WILSON ST		
			Address	<del></del>
		HOLLYWOOD FL 3302	20	
		-	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	tification)
For fu	rther information co	oncerning this matter, please co	all:	
PATE	RIK PAZGYERA	ZGYERA 954 864-0201		
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclo	sed is a check for th	ic following amount:		
□ s:	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**

ATI LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our recordenated Liability Company)	4)
he Articles of Organization for this Limited Liability Com	npany were filed on 09/18/2017	and assigned
lorida document number L17000192920		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		·
<u> Principal office address MUST BE A STREET ADDRES</u>	<u>SS)</u>	
		#
nter new mailing address, if applicable:	<del></del>	<del></del>
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
. If amending the registered agent and/or register	red office address on our records	
egistered agent and/or the new registered office addres		643
Name of New Registered Agent:	·· <del>-</del>	
New Registered Office Address:		
	Enter Florida street addres	3
<del></del>		
	, Flo	orida

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
MGR	PATRIK PAZGYERA	1827 WILSON ST	■ Add
		HOLLYWOOD FL 33020	Remove
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				· <del>3.</del>
				275
	10/12/201	7		61 37
ective date, if other than the d	ate of filing: 10/12/201		(optional)	
effective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	k does not meet the appli	icable statutory filin	g requirements, this date wi	Il not be listed
record specifies a delayed $\epsilon$ he 90th day after the recor		ot an effective t	ime, at 12:01 a.m. or	the earlier
October 12th	2017	·		
	DOUS	Alfila	of a marphar	
JI	guarate of a member of an	morized representative	or a member	

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Filing Fee: \$25.00