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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





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2017 DEC 26 PM In OO SELRETARY OF STATE TALLAHASSEE, FLORIDA

K SALY DEC 27 2017

COVER LETTER

SUBJECT:	Atom Conci		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mirzog	nuar Tolibo Name of Person	>V
	Atom Co	ncepts LL.	<u>C</u>
	19425 39	7th Civenue	Colden B
	Gol	Lden Beach, Fl City/State and Zip Code	orida, 33,160
	<u>atoma</u> E-mail address: (nceptamze an	nail. Com
For further information (concerning this matter, please co	all:	
Mirzanv Name o	er Tolibou	at () 75 Y Area Code Daytime	226 P680 Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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:

TO:

Registration Section Division of Corporations

> 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



Htom Conc	epts LLC	
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on $\frac{12}{}$	
This amendment is submitted to amend the followi	ricles of Organization for this Limited Liability Company were filed on 12/04/2017 and assigned a document number 1700247515. mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: mane must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) mew mailing address, if applicable: mg address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
-		Florida
	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

MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mirzognar Tolibou	19425 39th avenue, Golden	_ ☑ ∧dd
		19425 39th avenue, Golden Beach, Florida, 33160	_□ Remove
			_□ Change
			_D Add
			PICE CHARLES
			POEC 26 PR 4 00
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Tective date, if of in effective date is lis	ther than the date of the date of the date must be specifically the date must be specifically the date of the date	filing: ie and cannot be prior to	date of filing or more than 9	(optional) © days after filing.) Pursua	nt to 605 0207 (3)
ote: If the date ins	erted in this block does date on the Department	not meet the applicab	le statutory filing require	ments, this date will not	be listed as the
editett s effective	date on the Department	tor state s records.			
record specific	es a delaved effecti	ve date but not	an effective time, at	: 12:01 a.m. on the	earlier of
The 90th day a	ifter the record is fi	led.		. 12.01 a.m. on the	e carner or.
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	Signature	of a member or authori,	ed representative of a men	iher	

Page 3 of 3

Filing Fee: \$25.00