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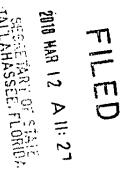
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COVÈR LETTER

TO: Registration Se Division of Cor		
ATM PITA	ANGA LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ondence concerning this matter to the following:	
	TATIANE BERTON	
	Name of Person	
	ASSELFIS INTERNATIONAL LLC	
	Firm/Company	
	6735 CONROY RD SUITE 307	
	Address	
	ORLANDO, FLORIDA, 32835	
	City/State and Zip Code	Ţ
	TATIANE@ASSELFIS.COM	
	City/State and Zip Code TATIANE@ASSELFIS.COM E-mail address: (to be used for future annual report notification)	7
For further information of	concerning this matter, please call:	ニアン
TATIANE BERTON	E-mail address: (to be used for future annual report notification) concerning this matter, please call: 407 8261034	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fec & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

ATM PITANGA LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000007326	were filed on 01/08/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" 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)	PAGE T
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the no
Name of New Registered Agent:	7 P.
New Registered Office Address:	Enter Florida street address
	. Florida

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

Page 1 of 3

ıı amendin or removed	oing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedoved from our records:		
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
			□ Add
			Remove
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			☐ Change
			□ Add
			Remove
			Change
			Add
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WRONG - MICHELE PITANGA DE FARIA RODRIGUES	
CORRECT - MICHELLE PITANGA DE FARIA RODRIGUES (DOUE	BLE "L")
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	SSS 72 M
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	表示 2 55
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing ce: If the date inserted in this block does not meet the applicable statutory f	
ument's effective date on the Department of State's records.	
record specifles a delayed effective date, but not an effectiv he 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlie
Michille Orange defense Rod Signature of a member or authorized representa	
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Page 3 of 3

Filing Fee: \$25.00