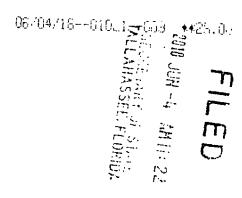


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Office Use Only





COVER LETTER

	ion Section . of Corporations
	ATLIA INVESTMENTS LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Brianna Perry
	Name of Person
	Firm/Company
	2901 NW 186 Terrace
	Address
	Miami, FL 33056
	City/State and Zip Code
	briannaperryre@juliesrealty.net
For further informa	E-mail address: (to be used for future annual report notification) ation concerning this matter, please call:
Brianna Perry	786 747-1121
	iame of Person Area Code Daytime Telephone Number
Enclosed is a check	s for the following amount:
■ \$25.00 Filing I	Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

BRIATLIA INVESTMENTS LLC		
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company with Florida document number L18000126918	vere filed on 05/21/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
BRITALIA INVESTMENTS LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		
		LA
Name of New Registered Agent:		ZUIB JUN PECITE IN ALLAHAS
New Registered Office Address:		Mi + F
	Enter Florida street address	

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.

City

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
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Effective date, if other than the	e date of filin	1g:		(op	tional)	
f an effective date is listed, the date in Note: If the date inserted in this	nust be specific an block does not	d cannot be prior t	o date of filing or ble statutory fil	more than 90 days aft	er filing.) Pursuant to 605.0 his date will not be listed)207 d as
document's effective date on the	Department of	State's records.				
an annual annuiting a dalaw	ad affactive	data but aat	an offertive	time at 12.01		
ne record specifies a delay The 90th day after the re			an enective	time, at 12:01	a.m. on the earlie	OI
N14 V 20		2018				
Dated MAY 30			· ·			
Bounna Pe	ZAIL					
Brianna Pe	Signature of a	member or autho	rized representati	ve of a member		

Page 3 of 3

Filing Fee: \$25.00