

18000138125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300314566083

06/21/18--01007--024 **60.00

18 JUN 21 PM 2:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER

JUN 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATITLAN WELLNESS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD MCGONNIGAL

Name of Person

ATITLAN WELLNESS LLC

Firm/Company

279 S. YONAH ST.

Address

ORMONO BEACH, FL 32174

City/State and Zip Code

richard.mcgonnigal@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD MCGONNIGAL

Name of Person

at (306)

Area Code

295-2497

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

ATITLAN WELLNESS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 4, 2018 and assigned
Florida document number L18000138125

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 21 PM 2:00

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>RICHARD F. MCGANNIGAL</u>	<u>1 ST JOHNS PLACE</u>	<input type="checkbox"/> Add
		<u>ORMONDS BEACH, FL 32176</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>PATRICIA GAIL VAN DIEPEN</u>	<u>279 S. YONGE ST.</u>	<input checked="" type="checkbox"/> Add
		<u>ORMONDS BEACH, FL</u>	<input type="checkbox"/> Remove
		<u>32174</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 JUN 21 PM 2:00

SECRETARY OF
DIVISION OF CONSERVATION
18 JUN 21 PM 2:00

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

6/20 2018
 Patricia Bail Thompson PO
 Signature of a member or authorized representative of a member

PATRICIA GAIL VAN DIEPEN
Typed or printed name of signee