<u>LIFO00 138147</u>

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registratio Division of	n Section Corporations
	EA USA,LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	NEUZA CESAR
	Name of Person
	ATPLUS OF MIAMI INC
	Firm/Company
	8180NW 36 ST SUITE 407
	Address
	DORAL,FL,33166
	City/State and Zip Code
	NEUZACESAR@YAHOO.COM E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
NEUZA	786 4202909
Nu	ne of Person Area Code Daytime Telephone Number
Enclosed is a check t	or the following amount:
■ \$25.00 Filing Fee	S30.00 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

ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
iability Company were f	filed on 06/04/2018	and assigned
 '		
lowing:		
of the limited liability co	ompany here:	
words "Limited Liability Con	npany," the designation "LLC" or	9.7.
cable:		
ET ADDRESS)		25 CO.
		agge agge
		5
		57
BOX)		
	ddress on our records, <u>e</u>	nter the name of the nev
ATPLUS OF MIAMI	INC	
0400 NW 2007 CU		
8 180 NW 3651 SUI		
DODAL		33166
	·	2sp Code
	Liability Company were solven by the limited liability conceable: ET ADDRESS) L'Or registered office a office address here: ATPLUS OF MIAMI 8180 NW 36ST SUI DORAL	words "Limited Liability Company," the designation "LLC" of cable: ET ADDRESS) Wor registered office address on our records, enoffice address here: ATPLUS OF MIAMI INC 8180 NW 36ST SUITE 407 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.

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>	Type of Action
MGRM	PAULO CASSEB	1950 NW 93TH AVE	
		MIAMI,FL,33172	■ Remove
			□ Change
MGRM	Francisco J Coya Parraga	1950 NW 93TH AVE	
		MIAMI,FL,33172	
			☐ Change
S	PAULO CASSEB	1950 NW 93TH AVE	
		MIAMI,FL,33172	Remove
			Change
			🗖 Add
			Remove
			Change
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			Remove
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Effective (date, if other than t	he date of fili	ing:			(optional)	
If an effectiv	date, if other than to date is listed, the date	nust be specific a	and cannot be prior	to date of filing o	r more than 90 day	's after filing.) Purs	uant to 605.00
	ne date inserted in this s effective date on the				ling requiremen	is, this date will r	iot be listed
he record	l specifies a delay	ed effective	date, but no	t an effectiv	e time, at 12	:01 a.m. on tl	ne earlier
	th day after the r						
	ILINE 20		2010				
Dated	JUNE,20	A	2018 - · 	·			
	//	A low					
		$\frac{f(\mathcal{C} / (f))^{\omega^4}}{\text{Signature of}}$	a member or auth	orized represental	iva of a mamber		

Page 3 of 3

Filing Fee: \$25.00