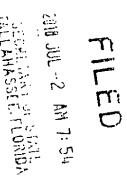


| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| (Add | dress) | |
| | | |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Nar | me) |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | C'' O#' | |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | ٠ |
| | | |
| | | |
| | | |
| | | |
| | | |





07/02/18--01001--030 **25.00





COVER LETTER

| :OT | Registration Section Division of Corpor | | Ma | |
|-------------|---|---|---|---|
| CI (D.II | POT. | Atlantiko | os Group, LLC | |
| SUBJI | ECT: | Name of Lim | ited Liability Company | |
| The en | sclosed Articles of Arr | nendment and fee(s) are sub | mitted for filing. | |
| Please | return all corresponde | ence concerning this matter | to the following: | |
| | | | Ruben E Larrea Alarcon | |
| | | | Name of Person | |
| | | | Atlantikos Group, LLC | |
| | | | Firm/Company | |
| | | 7425 We | est Sand Lake Road Suite 200 | |
| | | | Address | |
| | | C | Orlando, FL 32819-9510 | |
| | - | i-mail address: (1 | City/State and Zip Code O D O CO O to be used for future annual report noti | fication) |
| For fur | ther information conc | erning this matter, please ca | all: | |
| Ruber | n E Larrea Alarcon | | at (107 43 | 1-5652 |
| | Name of Pc | rson | Area Code Daytim | e Telephone Number |
| Enclos | ed is a check for the fe | ollowing amount: | | |
| \$ 2 | 5.00 Filing Fee I | □ \$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

Atlantikos Group 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 ______06/18/2018 _ and assigned Florida document number __L18000149721 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 4725 West Sand Lake Road Suite 200 Enter new principal offices address, if applicable: Orlando, FL 32819-9510 (Principal office address MUST BE A STREET ADDRESS) 4725 West Sand Lake Road Suite 200 Enter new mailing address, if applicable: Orlando, FL 32819-9510 (Mailing address MAY BE A POST OFFICE BOX) 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: Johann Puruncajas Name of New Registered Agent: 4725 West Sand Lake Road Suite 200 New Registered Office Address: Enter Florida street address Orlando , Florida ³²⁸¹⁹⁻⁹⁵¹⁰

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 limiter liabil company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered

Page 1 of 3

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> **Name Address Type of Action** □ Add _□ Remove ☐ Change □ Add ☐ Remove ___ Change __ 🗆 Add _ □ Remove ____ Change Add Did Jenove -2 cham 7dd54 _□ Remove __ Change __ D Add ☐ Remove _ Change

| | | | | | | _ |
|--|---|------------------------|------------------------|------------------------|---|--|
| <u>-</u> | | | | | | _ |
| | | | | | | |
| | | | | | | |
| | | _ | | | | _ |
| <u> </u> | | <u> </u> | | | . | _ |
| | | | _ | | | _ |
| | | | | <u> </u> | | |
| | | | | | | : : |
| | | | | | - | |
| | | | | | AF AS | |
| | | | <u> </u> | | 15.5 1.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7 | |
| | | | | | | 7. |
| - | | • | | | , S. Y. | . . . |
| | | | | | ORIDA | <u>. د</u> |
| | | | | | | _ |
| | | | | | | _ |
| | | | | | | |
| | | | | | | _ |
| | | | | <u></u> | | _ |
| | | | | | | |
| ective date, if other than effective date is listed, the d | in the date of filin ate must be specific an | g:d cannot be prior to | date of filing or more | than 90 days after fil | al) | 505.020 |
| te: If the date inserted in cument's effective date on | this block does not | meet the applicabl | e statutory filing re | equirements, this d | ate will not be li | isted a |
| | one Department of | oute s records. | | | | |
| record specifies a de | layed effective | date, but not a | ın effective tim | e. at 12:01 a.r | n. on the ear | dier d |
| he 90th day after th | e record is filed. | , | | , | | |
| ed Juns | 23 | 2010 | | | | |
| ed | | · 1010 | | | | |
| | | (/ | ~ à | | | |
| | Y | | ed representative of | | | |

Page 3 of 3

Filing Fee: \$25.00