

L18000169983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

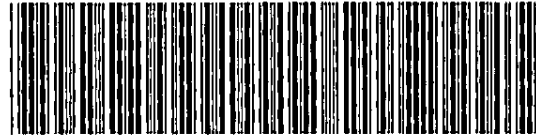
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Wrong form

Office Use Only



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09/28/18--01012--027 \*\*35.00

FILED  
18 OCT 16 AM 7:30  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

K SALY  
OCT 23 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2018

JUAN C GARAY  
1415 SW 22 TR  
MIAMI, FL 33145

SUBJECT: JCG ATOM 4 LLC  
Ref. Number: L18000169983

We have received your document for JCG ATOM 4 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 018A00020731

**RECEIVED**

OCT 16 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **JCG ATOM 4 LLC**

Name of Corporation

DOCUMENT NUMBER: **L18000169983**

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Juan C Garay**

Name of Contact Person

  
Firm/Company

**1415 SW 22 Terrace**

Address

**Miami FL 33145**

City State and Zip Code

**jcg17865@live.com**

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

For further information concerning this matter, please call:

**Juan C Garay**

Name of Contact Person

at (

**786**

**277 7642**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
18 OCT 16 AM 7:30  
SIGNATURE STATE  
TALLAHASSEE, FLORIDA

JCG. Atom 4 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 \_\_\_\_\_ and assigned  
Florida document number L18000169983

This amendment is submitted to amend the following:

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

ATOM 41 LLC

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)

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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DISTRICT OF  
INDIANA  
CLERK OF COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRET  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated October 10, 2018:

Signature of a member or authorized representative of a member

Juan. Carlos Garay  
Typed or printed name of signee