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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Beamede Emily Marre)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
ATOMICA			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
	ondence concerning this matter	_	
	MANUELA		_
		Name of Person	
	GABALDON		•
	<u> </u>	Firm/Company	
	3760 BIRD ROAD		,
		Address	
	UNIT 517		-
	MIAMI, FL 33146	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	ıll:	
Manuela Gabaldon		954 5546486 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
	■ \$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)
Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COURII Registration Section Division of Corpora	ı

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ATOMICA, LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	-
The Articles of Organization for this Limited Liability Com- lorida document number <u>L18000171859</u>	npany were filed on JULY 17, 2018	and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	:
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRES	<u></u>	
		<u></u>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
3. If amending the registered agent and/or register	red office address on our records. en	ter the name of the
		ter the name of the
B		——
egistered agent and/or the new registered office addres		
Name of New Registered Agent:	ss here:	<u> </u>

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>	Address	Type of Action
MGR	MANUELA GABALDON	3760 Bird Road, unit 517, Miami	
			Remove
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f an effective date is listed Note: If the date insert	er than the date of filing , the date must be specific and ed in this block does not m ate on the Department of St	cannot be prior to date sect the applicable s	of filing or more than	(optional) 90 days after filing. ements, this date) Pursuant to 605.02 will not be listed	207 (as t
	a delayed effective de er the record is filed.	ate, but not an	effective time, a	t 12:01 a.m.	on the earlier	of:
Dated		1 11	1	_ /	,	
	11/2			7/do.	12018	
	· '///	M	representative of a mer			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00