

U18000 267029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

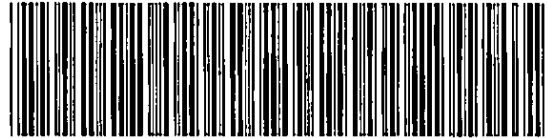
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

U18 - 105094

Office Use Only



100321079051

11/27/18--01009--007 **25.00

FILED
2018 DEC 19 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

DEC 20 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2018

S. CHALLENGER
1835 NE MIAMI GARDENS DR #212
MIAMI, FL 33179

SUBJECT: ATONEMENT HOME, LLC
Ref. Number: L18000267029

We have received your document for ATONEMENT HOME, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6059.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 918A00024950

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

ATONEMENT HOME, 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 November 15th, 2018 and assigned
Florida document number L18000267029.

This amendment is submitted to amend the following:

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

ATONEMENT LIVING, 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

**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:

KAREN J SPIGLER, ESQ

New Registered Office Address:

6231 SW 188th AVE

Enter Florida street address

SOUTHWEST RANCHES, FL

Florida 33332

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>
AMBR	JULIA ARRENDELL	1835 NE Miami Gardens DR, #196 Miami, FL 33179	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BISCAYNE CAPITAL PARTNERS, LLC	1835 NE Miami Gardens DR, #196 Miami, FL 33179	<input type="checkbox"/> Add
			<input checked="" 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

2018 DEC 19 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

NOT APPLICABLE

2018 DEC 19 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: N/A (optional)

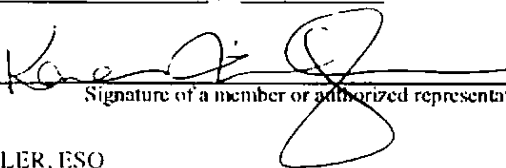
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 December 17th, 2018



Signature of a member or authorized representative of a member

KAREN J SPIGLER, ESQ

Typed or printed name of signee