

L19000052987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

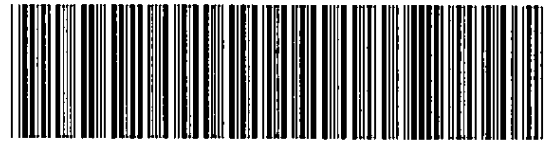
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
FILED
2019 APR 12 PM 4:42
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

T.G.
2/12/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2019

GLADIS ELENA DIAZ
1940 WILSON STREET
HOLLYWOOD, FL 33020

SUBJECT: ATIOVAR LLC
Ref. Number: L19000052987

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ATIOVAR 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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 319A00006530

2019 APR 12 PM 4:16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATIOVAR LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gladis Elena DIAZ

Name of Person

GDR LLC

Firm/Company

1940 Wilson Street

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

ediaz@gladeses.com

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

Elena Diaz

754

423-0558

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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**

ATIOVAR 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 February 22nd of 2019 and assigned
Florida document number L19000052987.

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 ab

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

790 NW 107 AVE, SUITE 103

DORAL, FL. 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

790 NW 107 AVE. , SUITE 103

DORAL, FL. 33172

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TALLAHASSEE, FL

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:

GDR LLC

New Registered Office Address:

1940 Wilson Street

Enter Florida street address

HOLLYWOOD

City

Florida 33020

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.

GIADIG F. J. AZ MGRM
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>
MGRM	ROSA, ROBERT	790 NW 107 AVE Suite 103	<input type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
		790 NW 107 AVE Suite 103	<input checked="" type="checkbox"/> Change
MGRM	GUALDI, PABLO C	DORAL, FL 33172	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	FAVEREAU, GASTON	790 NW 107 AVE Suite 103	<input type="checkbox"/> Add
		DORAL, FL 33172	<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

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SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

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FILED

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

N/A

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AND
FILED

2019 APR 12 PM 4:42

SECRETARY OF STATE
DEPARTMENT OF STATE
WASHINGTON, D.C.

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.

(b) The 90th day after the record is filed.

Dated MARCH 13th 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee