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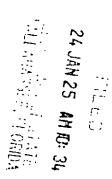
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COVER LETTER

Division of Corporations ATENA ELECTRIC SERVICES LLC SUBJECT: 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: ALEXANDRA LOZANO Name of Person Firn/Company 8305 W ATLANTIC BLVD Address CORAL SPRINGS, FL 33071 City/State and Zip Code maxi8317@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEXANDRA LOZANO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25,00 Filing Fee **₮**\$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address:

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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ATENA ELECTRIC SERVICES LLC		C. C.
(Name of the Limited Liab (A Flori	ility Company as it now appears on our reco da Limited Liability Company)	rds.)
Γhe Articles of Organization for this Limited Liability	Company were filed on 03/04/2019	and assigned
Florida document number L19000060870		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
ATENA TRUCKING LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL		
Trincipal office address in our 1921 of 1822 1 (192		· · ·
Enter new mailing address, if applicable:		
		
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Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:		
	: Enter Florida street addr	

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
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