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07/06/21--01032--010 **30.00

COVER LETTER

	ATP SNOC	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Thomas	ALBERTO FUEL	NMSY012
	ATP 6.	ROUP UC	
	1000 BX	PICKEY SE ST	£ 715
		Address 233131 City/State and Zip Code JPFL E Amail	
	E-mai a dress: (City/State and Zip Code JPFL E amuli to be used for future anythal report noti	· Com
For further information co	oncerning this matter, please c	all:	
	1 Frenmayor	(at (786) 763	30530
Thoma	11	tana Cada - Dagrins	e Telephone Number
Thomas Name of	rerson	Mea Code Daytiii	e rereptione retainoes
Name of Enclosed is a check for the	e following amount:	Area Code Dayum	receptione relations

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Taflahassee, FL 32314

Street Address: 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

ATP GROUP UC

(Name of the Limited Liability Comp (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4 1900 4 756.	y were filed on $05/06/2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	1000 BRICKELL OVE
(Principal office address MUST BE A STREET ADDRESS)	5017E F1S MIAMI FL 33131
Enter new mailing address, if applicable:	1000 BRICKEIL DUE
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 715 HIAMI FL 33131
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	IAS ALBERTO FUENMAYOR
New Registered Office Address:) BRYCKELL AVESTE 7/3
MiA	Florida Street address H Florida 33131
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	_
	and the second transfer of the second transfer of Greek and account to account to reside the

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 Title Name <u>Address</u> Type of Action 1001E26th5T ______ MGR Fuermayor, Alberto Jose Hialeah, FL 33013 □Change MCR Frenmayor, 1000 Brickell Are Xdd
Thomas Alberto STE 415 Miami, FL 33131 □Change \square Add □ Change

□ Remove

□Change

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			Signature	of a mem	ber or autho	rizga represe	ntative of a i	nember		
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Filing Fee: \$25.00