## L1900123566

(Requestor's Name)	
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## **COVER LETTER**

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	Registration Se Division of Cor			
etto tez		KOS DEVELOPMENT GROU	JP LLC	
SUBJEC	1:	Name of Lin	aited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		PURUNCAJAS. JOHAN	٧	
			Name of Person	
		ATLANTIKOS DEVELO	PMENT GROUP LLC	
Firm/Company				
4725 W. SAND LAKE RD SUITE 200				
			Address	
		ORLANDO, FL 32819		6
			City/State and Zip Code	
		INFO@ATLANTIKOSGR		
			to be used for future annual report notifical	(ion)
For furthe	r information c	oncerning this matter, please c	all:	!
PURUNG	CAJAS, JOHAN	IN	407 259 2626	
	Name o	l'Person	at () Area Code Daytime To	elephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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 Addres		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporation	
ŀ	P.O. Box 632	7	The Centre of Tall	ahassee
Ί	l'allahassee, F	FL 32314	2415 N. Monroe S	treet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLANTIKOS DEVELOPMENT GROUP LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our recorded Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability Compa	ny were filed on 05/07/2019	and assigned
lorida document number L19000123566		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
ATLANTIKOS DEVELOPMENT LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST <u>BE A STREET ADDRESS</u> )		
	·	, <b>1</b>
		•
		· -
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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		:= <del></del>
. If amending the registered agent and/or registered offic	ce address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		<del></del> .
New Registered Office Address:		
	Enter Florida street addre:	55
	FI	lorida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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fective date, if other than a effective date is listed, the dite:  If the date inserted in cument's effective date on	in the date of filing: _ ate must be specific and cam this block does not meet	the applicable stat	filling or more than 90 day	( <b>optional)</b> s after filing.) Pursuant to 605.02 s, this date will not be listed
	·		2:01 a.m. on the earlier	of: (b) The 90th day after th
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Filing Fee: \$25.00