# L20000277766

(Re	equestor's Name)	<u>, , , , , , , , , , , , , , , , , , , </u>
(Ad	ldress)	
(Ad	Idress)	
- (Ĉi	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/18/2021			₩WALK IN
ENTITY NAME ATTICH	OP LLC		<u>.</u>
DOCUMENT NUMBER			
	**PLEASE FILE THE I	ATTACHED AND RETURN**	
xxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & Certificate of Good Standi		
	**APOSTILLE' / NO	TARIAL CERTIFICATION**	
COUNTRY OF DESTINATION			_
NUMBER OF CERTIFICAT	ES KEWUESILV		
TOTAL OWED \$25.00		ACCOUNT #: 120160000072	
Please call Tina at th	e above number for an	y issues or concerns. Thank you so	much!

#### COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
Attichop L	LC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mike Sevik		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	5511 Parkcrest Drive Suite	207	
		Address	
	Austin, Texas 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	om to be used for future annual report no	titication)
For further information of	concerning this matter, please c		meanny
ZenBusiness c/o Mike S	sevik	844 493-6249	
Name of Person		Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 631 Tallahassee,		The Centre of	Tallahassee oe Street, Suite 810
i ananassee,	にし フムシエサ	2410 M. MOIII	oo anoon anno oro

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Attichop LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our reco ted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
lorida document number L20000277766		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
		<u> </u>
If amending the registered agent and/or registered offigent and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of the new registe
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
130 William Office / Marcos.	Enter Florida street add	ress
	·	Florida
	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

Title	<u>Name</u>	Address	Type of Action
AMBR	Tamara Antoinette Richardson	17803 Mantana Dr.	□Add
		Spring, TX 77388	■Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			□Change
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ffective date, if other than t an effective date is listed, the date of ote: If the date inserted in this ocument's effective date on the	must be specific and cannot be prior block does not meet the appli-	r to date of fulling of more that cable statutory filling requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605,0207 ( listed as t
record specifies a delayed effect is filed.	ctive date, but not an effective t	time, at 12:01 a.m. on the	earlier of: (b) The 90th day :	after the
			earlier of: (b) The 90th day :	after the
is filed.	. 2021			after the
l is filed.  June 18  ated	. 2021			after the

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Filing Fee: \$25.00