

L70 00030Z139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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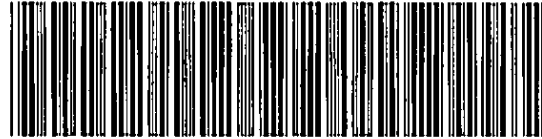
(Business Entity Name)

(Document Number)

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2020 NOV -2 AM 11:34

12/10/20
87

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATAK PROPERTIES 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:

AMANDA LIPTAK
Name of Person

ATAK PROPERTIES LLC
Firm/Company

1825 NW CORPORATE BLVD, SUITE 110
Address

BOCA RATON FL. 33431
City/State and Zip Code

aman.ptak@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Liptak at (561) 860 6275
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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**

ATAK PROPERTIES 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 September 30, 2020 and assigned
Florida document number L20000302139

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1825 NW CORPORATE BLVD,
Suite 110 BOCA RATON FL.
33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1825 NW Corporate Blvd,
Suite 110 BOCA RATON
FL. 33431

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:

LAURIAN TAYLOR

New Registered Office Address:

4330 Palm Forest Dr S

Enter Florida street address

Delray Beach

City

Florida

33441

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.

L Taylor

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>
AMBR	Yollanda Stephens Yollanda Stephens	7755 Yardley Drive Apt 208D Tamarac Fl. 33321	<input checked="" type="checkbox"/> Add ✓ <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Yollanda Stephens Registered Agent	4330 Palm Forest Drive S. Delray Beach Fl. 33445	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change ✓
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Lauriann Taylor MGR	5524 G Lake Wood Circle Margate Fl. 33063	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change ✓
Registered Agent	Lauriann Taylor	4330 Palm Forest Dr S Delray Beach Fl 33445	<input type="checkbox"/> Add ✓ <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Amanda Liptak	4330 Palm Forest Drive S. Delray Beach Fl. 33445	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

ist to
eat. (Lauriana Taylor is the New Registered Agent
Yellanda Stephens is the New Authorized Member
Aminda Liptak is an Authorized Member)

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E. Effective date, if other than the date of filing: 11/2/20 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/2/20 , _____

Liptak
Signature of a member or authorized representative of a member

Aminda Liptak
Typed or printed name of signee