

Florida Department of State
 Division of Corporations
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L21000283686

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2021 JUN 30 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN 30 AM 9:49

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ATMA LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

BB
07/1/21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATMA 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 06/17/2021 and assigned Florida document number L21000283686.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, 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

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TALLAHASSEE, FLORIDA

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>
MGR	GISELLE PEREZ	LUIS LABERTO DE HERRERA 1248 TORRE II	<input type="checkbox"/> Add
		MONTEVIDEO, URUGUAY 11300	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lucio Baltazar Travella	Luis Alberto de Herrera 1248 Torre II	<input checked="" type="checkbox"/> Add
		Piso 7, Oficina 710	<input type="checkbox"/> Remove
		Montevideo, Uruguay 11300	<input type="checkbox"/> Change
MGR	Maria Teresa Dionisia	Luis Alberto de Herrera 1248 Torre II	<input checked="" type="checkbox"/> Add
		Piso 7, Oficina 710	<input type="checkbox"/> Remove
		Montevideo, Uruguay 11300	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

