## L21000331508

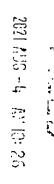
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200370587632

08/04/21--01007--006 \*\*25.00



~ PRUCE 15 2011

## **COVER LETTER**

	Registration So Division of Cor			
eun uz		DLDING LLC		
SUBJEC	.l: <u></u>	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please re	turn all correspo	ondence concerning this matter	r to the following:	
		OLGA ADRIANA MORE	ENO	
			Name of Person	
		WXC CORPORATION		
			Firm/Company	
		8240 NW 52ND TERRAC	CE SUITE 305	
			Address	
		DORAL, FL, 33166		
			City/State and Zip Code	
		AMORENO@WXCCORP	•	20
For furth	er information c	E-mail address: ( concerning this matter, please c	(to be used for future annual report notification)	21 500
OLGA A	ADRIANA MOF	RENO	+1 305-676-6576	2021 AUG +4 (1915)
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed	is a check for t	he following amount:		ः २८
<b>■</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration ( Division of C	Section Corporations	Street Address: Registration Section Division of Corporations	
	P.O. Box 632 Tallahassee, l		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATINA HOLDING 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  $\frac{07/21/2021}{1}$ Florida document number L21000331508 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 "LLC." 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 City

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.

New Registered Agent's Signature, if changing 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>	Address	Type of Action
AMBR	CATALINA SARDI	1000 W ISLAND BLVD APT 1707	
		NORTH MIAMI. FL 33160	□Remove
			□Add
			□Remove
		***	□Change
			□Add  Remove S  □Change □Add  □Add
			□Change
			□Remove
			□Change
	<del></del>	-	□Add
			Remove
			□Change

		2021
		2021 6556 -
		<u> ∓</u> .
	· · · · · · · · · · · · · · · · · · ·	7 to
		60
	, <del>, , , , , , , , , , , , , , , , , , </del>	
Note:	tive date, if other than the date of filing:	0207 (3)(b) ed as the
If the reco record is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after iled.	the
Dated	July 26, 2021	
	Catalina Sardi	
	Signature of a member or authorized representative of a member	
	Catalina Sardi	

Filing Fee: \$25.00