

**L22000434877**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H23000260885 3)))



H230002608853AEC1

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To:

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

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.  
Account Number : 120020000100  
Phone : (305)944-9755  
Fax Number : (888)401-1914

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ATLANNA, LLC**

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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K. SALY

JUL 27 2023

RECEIVED

2023 JUL 26 PM 4:20

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2023 JUL 26 PM 7:35

FILED

(((1123000260853 3)))

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ATLANNA, 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.

KARINA ELIZABETH TORRALBA

\_\_\_\_\_  
Name of Person

ATLANNA, LLC

\_\_\_\_\_  
Firm/Company

5220 S UNIVERSITY DR STE 102

\_\_\_\_\_  
Address

DAVIE FL 33328

\_\_\_\_\_  
City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**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

((H23000260885 3))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ATLANNA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2023 JUL 26 PM 7:39  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/10/2022 and assigned  
Florida document number 122006434877.

This amendment is submitted to amend the following:

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

N/A

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:

5220 S UNIVERSITY DR STE 102

(Principal office address MUST BE A STREET ADDRESS)

DAVIE FL 33328

Enter new mailing address, if applicable:

5220 S UNIVERSITY DR STE 102

(Mailing address MAY BE A POST OFFICE BOX)

DAVIE FL 33328

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:

SILVAS FINANCIAL SERVICES, LLC

New Registered Office Address:

5220 S UNIVERSITY DR STE 102

Enter Florida street address

DAVIE

City

Florida 33328

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.

Maria Silva

If Changing Registered Agent, Signature of New Registered Agent

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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JUL 26 PM 7:33  
CLARK COUNTY, MISSISSIPPI

((1123000260885 3)))

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

N/A

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JUL 26 PM 7:40  
CLERK'S OFFICE

E. Effective date, if other than the date of filing: (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 JULY 26, 2023

Karina Torralba

Signature of a member or authorized representative of a member

KARINA ELIZABETH TORRALBA

Typed or printed name of signee