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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration : Division of Co	Section orporations		
	ervices, LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amondment and for (a)	Live Longer	
	f Amendment and fee(s) are sul		
Please return all corresp	ondence concerning this matter	to the following:	
	Cynthia Arocho		
		Name of Person	-
	Atelier Services LLC		
		Firm/Company	
	4345 Southpoint Blvd Suit	te 400	
		Address	
	Jacksonville, FL 32216		
		City/State and Zip Code	
	cindy.arocho@nm.com		
Cor front in Comment		to be used for future annual report noti	fication)
rot further information (concerning this matter, please ca	all:	
Cynthia Arocho		732 9128018	
Name o	of Person		e 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)
Mailing Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632	orporations 7	Division of Corp	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atelier Services, 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 October 14, 2022 ____ and assigned Florida document number L22000444360 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: 430 Timberwalk Court Unit 1021 (Principal office address MUST BE A STREET ADDRESS) Ponte Vedra Beach, FL 32082 430 Timberwalk Court Unit 1021 Enter new mailing address, if applicable: Ponte Vedra Beach, FL 32082 (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 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 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	Cynthia Arocho	430 Timberwalk Court Unit 1021	\equiv Add
		Ponte Vedra Beach, FL 32082	
			□ Change
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	uate of filing: be specific and co ock does not med	annot be prior to et the applicab	date of tiling or	nore than OA daw	o ptional) after filing.) Pur , this date will	suant to 605,020' not be listed as
record specifies a delayed effective is filed.	date, but not an	ı effective tim	e, at 12:01 a.m.	on the earlier o	f: (b) The 90	h day after the
oted October 26	 ; .	2022	. •			
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	ignature of a mer	mber or authoriz	zed representativ	of a member		