L22000482540

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COVER LETTER

TO:

TO: Registration S Division of Co						
Atlantic a	nd Co, LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
	Margaret Jeffrey					
		Name of Person				
	Atlantic and Co, LLC					
	Firm/Company					
	4201 Pine Isle Drive					
	<u></u>	Address				
	Lutz., FL 33558					
	h	City/State and Zip Code				
	katy@katyjeffrey.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please c	all:				
Margaret Jeffrey		202 7794139 at ()				
Name	of Person	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 & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	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

Atlantic and CO, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
he Articles of Organization for this Limited Liability Comp	pany were filed on November 10, 2022	and assigned
Torida document number L22000482540		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Katy Jeffrey, LLC		
he new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC" or the	
Inter new principal offices address, if applicable:		2023 SEC
Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	FR # 71
		6
		SSE A
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	09
) 16	C ddussa ou our ussuuda outou tha u	ama af the navy vaciet
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	nce address on our records, enter the n	ante of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zıp 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

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
			□Add
			Remove
			Change
			\ _ \ _ _ _ \Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
		•	Change

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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Feb 28 (707)
	Signature of a member of authorized representative of a member
	Margaret Jeffrey

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Typed or printed name of signee

Fimig Fee: \$25.00