

L23000070285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

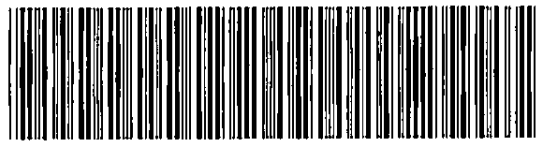
(Business Entity Name)

(Document Number)

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2023 MAR 13 AM 11:44

CLERK OF DISTRICT COURT  
STATE OF FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ATLANTIQUE ACTIVEWEAR 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:

Paula Isabel del milagro León Gonzalez  
Name of Person

ATLANTIQUE ACTIVEWEAR LLC  
Firm/Company

3554 Grande Reserve way Apt 306  
Address

Orlando Florida 32837  
City/State and Zip Code

Info@Atlantiquestore.com  
E-mail address: (to be used for future annual report notification)

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2023 MAR 13 AM 11:44  
TALLAHASSEE, FL  
DIVISION OF STATE

For further information concerning this matter, please call:

Paula Isabel del milagro Leon Gonzalez at (407) 289-6630  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ATLANTIQUE ACTIVEWEAR 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 02/08/2023 and assigned Florida document number L23000070295.

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:**

**(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:

Paula Isabel del milagro León Gonzalez

New Registered Office Address:

3554 Grande Reserve Way, Apt 306

Enter Florida street address

Orlando

City

Florida

32837

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**

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>                      |
|--------------|---|---|--|
| AMBR         | Paula Isabel del milagro<br>Leon Gonzalez |   | <input type="checkbox"/> Add               |
|              |   |   | <input type="checkbox"/> Remove            |
|              |   | 3554 Grande Reserve way<br>Apt 306 Orlando, Florida 32837 | <input checked="" type="checkbox"/> Change |
|              | Maria Victoria<br>Sandoval Sandoval       |   | <input type="checkbox"/> Add               |
|              |   |   | <input type="checkbox"/> Remove            |
|              |   | 4240 NW 107 Ave. Apt 4104<br>Doral, Florida 33178         | <input checked="" type="checkbox"/> Change |
|              |   |   | <input type="checkbox"/> Add               |
|              |   |   | <input type="checkbox"/> Remove            |
|              |   |   | <input checked="" 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            |

NOTE

Paula → First Name

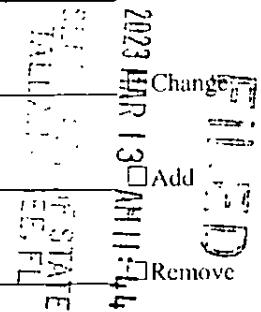
Isabel del milagro → Middle Names

León Gonzalez → Last Names

Maria → First Name

Victoria → Middle Name

Sandoval Sandoval → Last Names



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Paula Isabel del milagro León González

FILED  
2023 MAR 13 AM 11:44  
ST. JOHNS COUNTY  
TALLAHASSEE, FL  
2023