

# L23000162848

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2023 MAY -9 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: The Athenaeum App 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:

Maria Lombardo

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

The Athenaeum App LLC

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

2000 Cheney HWY, Ste. 103 Box #263,

\_\_\_\_\_  
Address

Titusville, FL 32780

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

Info@TheAthenaeumAppLLC.com

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

For further information concerning this matter, please call:

Maria Lombardo

321 394-6745  
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 &  
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

**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	Maria Lombardo	2000 Cheney HWY STE. 103 Box #263,	<input checked="" type="checkbox"/> Add
		Titusville, FL 32780	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maria Lombardo		<input type="checkbox"/> Add
		6340 Whispering Lane, Titusville, FL 32780	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

FILED  
2023 MAY -9 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 May 5, 2023

*Marie Lombardi*  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Maria Lombardo

Typed or printed name of signee