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(Requestor's Name)						
(Noquestal 5 Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(230,100)						
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(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						
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COVER LETTER,

TO:	Registration Section Division of Corporations					
SUBJE	ATOMY FLORIDA LLC					
	Name of Limited Liability Company					
Dear Sir	r or Madam:					
The enc	losed Registered Agent/Registered Office Ch	ange and feet	s) are submitted for filing.			
Please r	eturn all correspondence concerning this matt	er to the follo	owing:			
HECTO	DR NEIRA					
	Name of Person					
_	Firm/Company					
1830 N	Lauderdale Ave, Unit 4304					
	Address					
North La	auderdale, FL. 33068					
	City/State and Zip Code					
atomyllo	c@gmail.com					
E-r	mail address: (to be used for future annual rep	ort notification	on)			
For furth	ner information concerning this matter, please	call:				
несто	R NEIRA	510	6406439			
	Name of Person	Ai	rea Code & Daytime Telephone Number			
] []	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	R D T 24	treet Address: egistration Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303			
F	Enclosed is a check for the following amout	it:				
	■ \$25 Filing Fee					

*STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company: ATOMY FLOR	IDA LLC			
2. (a)	1830 N Lauderdale Ave	ſ	1830 N Lauderdale	Ave	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing addre	dailing address of limited liability company: **Oute: MAY BE POST OFFICE BOX**)	
	Apt 4304		Apt 4304		
	North Lauderdale, FL. 33068		North Lauderdale, Fl	L, 33068	
	04/12/2023		L23000181280		
3.	Date of filing/registration in Florida	4.	Document	number	
(b) <u>-</u>	GUILLERMO ROCA PLLC				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 95 Merrick Way			2021 HAY 13	
	Registered Office Address (MUST BE FLORIDA STREET) 3rd Floor	ddress (MUST BE FLORIDA STREET ADDRESS)			
	Coral Gables	L_33134		MH 8: 45	
	DANIEL A. RODRIGUEZ			்	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office a	dress:		
	NEW Registered Office Address:				
	1019 Park Ridge Cir	- -			
	Kissimmee F	34746 L			
change agent was/w	limited liability company is not organized under the lactor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members ickes of organization or the operating agreement of the	e register iability c of the lir	ed office and the busine impany, it is hereby con itted liability company	ess office of the registered infirmed that the change(s)	
~	$\mathbb{H} + 2$		ctor Neira		
Signa	sture of a member or authorized representative of a member		Printed or ty	ped name of signee	

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.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00