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12/04/28--01030--015 ++25.00

COVER LETTER

TO: Registration S Division of Co			
ATAPA L	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	GLADYS SOTELDO		
		Name of Person	
		Firm/Company	
	210 BERENGER WALK		
		Address	· ·
	ROYAL PALM BEACH.	FL 33414	
		City/State and Zip Code	
	admin2@froehlichepa.com	to be used for future annual report noti	77''
For further information	r-mail address: (concerning this matter, please c	·	neacton)
GLADYS SOTELDO		561 480-2336	
Name (of Person	Area Code Daytim	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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	etion
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATAPA LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our reco d Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compar	y were filed on 10/16/23	and assigned
Florida document number 1.23000474612		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>ent</u> c	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	'ess
	, I	Florida
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GALDYS SOTELDO	210 BERENGER WALK	= Add
		ROYAL PALM BEACH FL 33414	□Remove
			Change
MGR	PATRICIA PAINO GUINAND	AV PRINCIPAL LOS CHORROS #65	\ Add
		CARACAS, 1080 VE	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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			□ Remove
			□Change
			□Add
			Remove
			□ Change

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Signature of a member or authorized representative of a member	ted November 10	2023		
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		Typed or printed nar	ne of signee	

Filing Fee: \$25.00