## 123000549585

Office Use Only



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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Atabey Stays LLC

30031.61.	Name of Lim	ited Liability Company	.=		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Faith Rivera				
	Name of Person				
	Atabey Stays LLC				
	Firm/Company				
	10436 Rivercrest Drive				
		Address	<del></del>		
	Riverview FL 33578				
	atabeystaysllc@gmail.com				
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ification)		
Faith Rivera		813 3300383			
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne 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 enclose		
			SEC TA		

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atabey Stays LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on c Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000549585}{L23000549585}$ .	were filed on 12/13/29	023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "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)		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our record	s, enter the name of the new register
New Registered Office Address:		
	Enter Florida sır	eet address
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amend pg 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
COO	Madeline Rivera-Perez	10436 Rivercrest Drive Riverview, FL 33578	□Add
			≣Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			🗀 Change
			🗆 Add
		***	□Remove
		<del></del>	□Change
			🗆 Add
		r (*)	SECH APRICA AND UF STATE  Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. March 19 2024 Dated Faith Ruera Signature of a member or authorized representative of a member

ETT E COST

Typed or printed name of signee

Faith Rivera