## L24000201556

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(Business Entity Name)	
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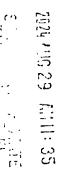
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Athoras aba Name of Li	Sovices 16 imited Liability Company
The enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following.
Dano	Name of Person
<u>athora's</u>	Firm/Company
91376W	138 PL, Unit 9137
miami.	Florida 33186 City/State and Zip Code
yanad 19 E-mail address	230 @ a mac   « Com  (to be used for future annual report notification)
For further information concerning this matter, please	call:
Danay Rodrigge	at (305) 766-0093 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 & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(A Florida Limited Lia	ibility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 2400020 1556</u>	vere filed on Capal, 30-2024 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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 adagent and/or the new registered office address here:	dress on our records, enter the name of the new regist	erec
Name of New Registered Agent:		
		-
New Registered Office Address:	Enter Florida street address	-
	, Florida	
	Cuy Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this d <b>oc</b> ument is	

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>	Address	Type of Action
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reflective date is listed. te: If the date inserte	the date must be specific ed in this block does n	e and cannot be prior to not meet the applica	o date of filing or mor ble statutory filing	e than 90 days after fi requirements, this o	ling.) Pursuant fate will not b	to 605,020 se listed a
cument's effective da	te on the Department	of State's records.	, -	·		
	yed effective date, but	not an effective tin	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day	y after the
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