

L25 000 087 804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

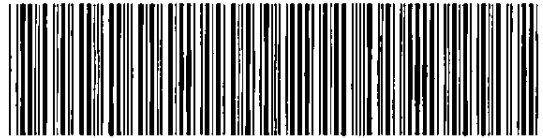
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AATT INVESTMENTS 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:

THIAGO ROMANO RIBEIRO

Name of Person

AATT INVESTMENTS

Firm/Company

2105 NE 62ND CT

Address

FORT LAUDERDALE/FL 33308

City/State and Zip Code

thiagomourao@live.com

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

For further information concerning this matter, please call:

THIAGO ROMANO RIBEIRO

7208960455

Name of Person

at (_____) _____
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AATT INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/20/2025 and assigned
Florida document number L25000087804.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

25 MAR 1 PM 4:27
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **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, 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	M&P CAPITAL INVESTMENTS	519 N MAGNOLIA AVE,STE04, ORLADO,FL,3280	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAFAEL FREDERICO VIESE	15726 VETTA DRIVE , BELLA COLLINA,FL,34756	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THIAGO ROMANO RIBEIRO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2105 NE 62ND CT, FORT LAUDERDALE,FL,33308	<input checked="" type="checkbox"/> Change
MGR	ADRIANO MURTA PENICHE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2750 NE 183RD ST AVENTURA, FL. 33160	<input checked="" type="checkbox"/> Change
MGR	ANDRE LUIZ MURTA PENICHE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2750 NE 183RD ST AVENTURA, FL. 33160	<input checked="" type="checkbox"/> Change
MGR	THIAGO DE LIMA SANTOS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2750 NE 183RD ST AVENTURA, FL. 33160	<input checked="" type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00