

MIS000006487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

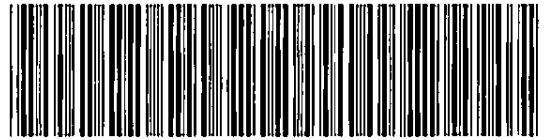
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 NOV 21 PM 4:25

D SCOTT

NOV 22 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 924154 8020289

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : November 21, 2017

ORDER TIME : 12:08 PM

ORDER NO. : 924154-015

CUSTOMER NO: 8020289

DOMESTIC AMENDMENT FILING

NAME: ATLANTICO CAPITAL PARTNERS LLC

EFFECTIVE DATE:

XXX ARTICLES OF AMENDMENT

 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

XX PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Atlantico Capital Partners LLC**

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTA GARCIA

Name of Person

RC LAW LLP

Firm/Company

175 SW 7TH ST SUITE 1711

Address

MIAMI, FL 33130

City/State and Zip Code

marta.garcia@rclawllp.net

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

For further information concerning this matter, please call:

MARTA GARCIA

Name of Person

at **(954) 806-3150**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ATLANTICO CAPITAL PARTNERS LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M15000008487

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 10-22-2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

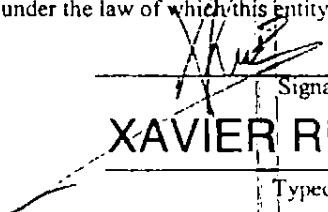
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MIGUEL BERMEJO	175 SW 7TH ST SUITE 1711, MIAMI FL 33130	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	MIGUEL BERMEJO PASTORIN	428 SW 23RD RD. MIAMI FL 33129	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	FERNANDO CASAS	270 BISCAYNE BLVD WAY. APT. 4912.	<input checked="" type="checkbox"/> Add
		MIAMI FL 33131	<input type="checkbox"/> Remove
MGRM	XAVIER RUIZ	300 W HEATHER DR.	<input checked="" type="checkbox"/> Add
		KEY BISCAYNE FL 33149	<input type="checkbox"/> Remove
MGRM	BOGARD BOTELLO	C/ BEATRIZ M. DE CABAL Y CALLE 51 TORRE	<input checked="" type="checkbox"/> Add
		ADVANCED. Floor 14, Suite C-D, Panama	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

XAVIER RUIZ

Typed or printed name of signee

Filing Fee: \$25.00