L11000028283

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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

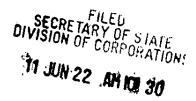
	of Corporations
 SUBJECT:	Atlantis Real Estate Investements , LLC
	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Pierre De Agostini
	Name of Person
	Firm/Company
	310 S Coconut Lane . Palm Island .
	Address Migrai Donah El 22420
	Miami Beach . FI . 33139 . City/State and Zip Code
	deagostini@aol.com
For further inform	E-mail address: (to be used for future annual report notification) ation concerning this matter, please call:
-	Pierre De Agostiniat (_786_)2539567
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:
√ \$25.00 Filing I	See \$\int_{\$30.00}\$ Filing Fee & \$\int_{\$55.00}\$ Filing Fee & \$\int_{\$60.00}\$ Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Atlantis F	Real Estate Investment	s IIC	,
(Name of the Limited 1	Liability Company as it now apper Florida Limited Liability Company	ears on our records.)	_ _
(A)	Florida Limited Liability Company	7)	
The Articles of Organization for this Limited Lia	bility Company were filed on _	March 08 2011	and assigned
Florida document numberL110000282			
· · · · · · · · · · · · · · · · · · ·			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company h	ere:	
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Com	npany," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	ADDRESS)		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B			
B. If amending the registered agent and/o	r registered office address of	our records, <u>enter tl</u>	ne name of the ne
registered agent and/or the new registered off	ice address here:		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.		Enter Florida street addr	ess
		_, Florida	
	City	, FIORIUA	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

	☐ Add ☑ Remove
	☐ Add ☐ Remove
	☐ Add ☐ Remove
	Add Remove
	∏Add ∏Remove
	∏Add Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE OIVISION OF COMPORATIONS
Dated June 21 st , 2011	ION:
Signature of a member or authorized representative of a member De Agostini Pierre Typed or printed name of signee	

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Filing Fee: \$25.00