

L150000830
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : VDT CORPORATE SERVICES
Account Number : 120180000047
Phone : (305) 878-1516
Fax Number : (786) 542-5995

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ATLANTIC BLUE PROPERTIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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2021 SEP 10 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 SEP 10 PM 3:56

11/11/21

BB
9/13/21

COVER LETTER

(H21000329620 3

**TO: Registration Section
Division of Corporations**

SUBJECT: ATLANTIC BLUE PROPERTIES 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:

JOAO PEDRO VOLZ
Name of Person

VDT CORPORATE SERVICES LLC
Firm/Company

150 SE 2ND AVE SUITE 905
Address

MIAMI, FL 33131
City/State and Zip Code

NANDRADE@SAINTJOSEPHGROUP.COM
E-mail address: (to be used for future annual report notification)

2021 SEP 10 PM 3:56
 RECEIVED
 STATE OF FLORIDA
 DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JOAO PEDRO VOLZ at (305) 5039867
Name of Person 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

ATLANTIC BLUE PROPERTIES 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 05/12/2015 and assigned Florida document number L15000083675.

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: 150 SE 2ND AVE SUITE 906
(Principal office address MUST BE A STREET ADDRESS) MIAMI, FL
33131

Enter new mailing address, if applicable: 150 SE 2ND AVE SUITE 906
(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL
33131

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>
MGR	Guilherme Cavalcante Ribeiro	150 SE 2ND AVE SUITE 906	<input type="checkbox"/> Add
		MIAMI, FL	<input type="checkbox"/> Remove
		33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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