

**L20000114783**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

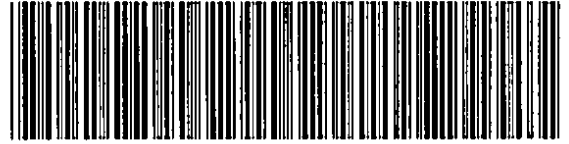
(Business Entity Name)

(Document Number)

Certified Copies     Certificates of Status

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05/19/21--01005--004    \*\*60.00

10/1/21

05/19/21

*Amend*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2021

SCOTT A. BRYAN  
644 BABETTA AVE.  
PARK RIDGE, IL 60068

SUBJECT: ATLANTIC-AE, LLC.  
Ref. Number: L20000114783

We have received your document for ATLANTIC-AE, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 721A00005637

2021 APR 30 PM 12: 27  
REGULATORY SPECIALIST II  
SUSAN TALLENT

RECEIVED



Removal  
4/10/21

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2021

SCOTT A. BRYAN  
577 W. CHURCH AVE.  
LONGWOOD, FL 32750

SUBJECT: ATLANTIC-AE, LLC.  
Ref. Number: L20000114783

We have received your document for ATLANTIC-AE, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

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Susan Tallent  
Regulatory Specialist II

Letter Number: 721A00005637

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Atlantic-AE, 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:

Scott A. Bryan  
Name of Person

Atlantic-AE, LLC.  
Firm/Company

577 W. Church Ave.  
Address

Longwood, FL 32750  
City/State and Zip Code

scottb@bryanbuild.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott A. Bryan at (407) 948-3384  
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-AE, 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 4/28/20 and assigned Florida document number L20000114783.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

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         | Brandon D. Hartwick | 577 W. Church Ave. Longwood, FL 32750 | <input checked="" type="checkbox"/> Add    |
|              |                     |                                       | <input type="checkbox"/> Remove            |
|              |                     |                                       | <input checked="" type="checkbox"/> Change |
| AMBR         | Patrick Gaither     | 577 W. Church Ave. Longwood, FL 32750 | <input checked="" type="checkbox"/> Add    |
|              |                     |                                       | <input type="checkbox"/> Remove            |
|              |                     |                                       | <input checked="" type="checkbox"/> Change |
| AMBR         | Hart Energy, LLC.   | 644 Babetta Ave. Park Ridge IL 60068  | <input checked="" type="checkbox"/> Add    |
|              |                     |                                       | <input type="checkbox"/> Remove            |
|              |                     |                                       | <input type="checkbox"/> Change            |
| AMBR         | Jeff M Hart         | 577 W. Church Ave. Longwood FL 32750  | <input type="checkbox"/> Add               |
|              |                     |                                       | <input checked="" type="checkbox"/> Remove |
|              |                     |                                       | <input type="checkbox"/> Change            |
|              |                     |                                       | <input type="checkbox"/> Add               |
|              |                     |                                       | <input type="checkbox"/> Remove            |
|              |                     |                                       | <input type="checkbox"/> Change            |
|              |                     |                                       | <input type="checkbox"/> Add               |
|              |                     |                                       | <input type="checkbox"/> Remove            |
|              |                     |                                       | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Please Change Article III - Other provisions if any:

Any And All Lawful Business

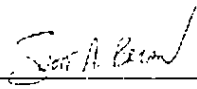
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated January 26, 2021



Signature of a member or authorized representative of a member

Scott A. Bryan

Typed or printed name of signee

**Filing Fee: \$25.00**