

122000072769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

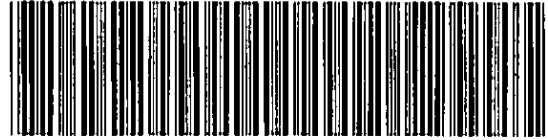
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

Y. SCOTT

MAR 26 2022

Edward S Hand Jr
54082 Marlee Road
Callahan Florida 32011

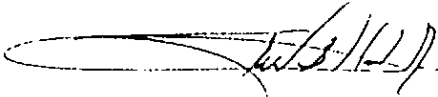
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

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CLERK OF STATE
TALLAHASSEE, FL

Re: Name Change of Limited Liability Company

Please change the name of the Limited Liability Company, Blackrock Equities llc. having the document Number of L22000072769 to Atlantis llc.

Kindest Regards,
Edward S Hand Jr



Enclosures/4 + cover

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

Blackrock Equities 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 21 January 2022 and assigned Florida document number 1.22000072769.

This amendment is submitted to amend the following:

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

Atlantis llc

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5-4082 Marlee Road

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 COUNTY OF DE SOTO
 FLORIDA
 STATE

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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JOHN H. DEWITT
TALLAHASSEE, FL

