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COVER LETTER

TO: Registration Section
Division of Corporations

2

2900 Atlantic 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:

Mark Ward

Name of Person

2900 Atlantic LLC

Firm/Company

5000 Quorum Drive, Suite 630

Address

Dallas, Texas 75254

City/State and Zip Code

mward@prairegroupllc.com

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

For further information concerning this matter, please call:

Mark Ward

 $_{at}$ (972) 380-1544

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 SEP 16 PH 3: 19

2900 Atlantic LLC		SECRETARY OF STA
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	SECRETARY OF STA D TALLAHASSEE, FLOR
The Articles of Organization for this Limited Liability	Company were filed on August 29, 2013	and assigned
Florida document number L13000124910	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the w'L.L.C."	ords "Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	,	
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	t address
	, Florid	a Zip Code
Now Desistand Agent's Signature if changing Desista	v	Lip Code

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action Mark Ward 5000 Quorum Drive, Suite 630 **MGRM** Dallas, Texas 75254 5000 Quorum Drive, Suite 630 MGR Mark C. Ward Interests, LLC Dallas, Texas 75254 Remove Remove Remove Remove

If amending any other informa	tion, enter change(s) here	e: (Attach additional sheets, if necessary.)
<u> </u>		
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ted September <u>5</u>	2013	
Mailai	Luc)	
Sig	nature of a member or autho	rized representative of a member
Mark Ward		
· · · · · · · · · · · · · · · · · · ·	Typed or printe	d name of signee

Page 3 of 3

Filing Fee: \$25.00