## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*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 HOUSE BUYERS LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Atlantic HOUSE Buyers LLC

company has been notified in writing of this change.

(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 07/06/22	and assigned		
Florida document number L22000302587				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:	30 N Gould St Ste R			
(Principal office address MUST BE A STREET ADDRESS)	Sheridan, WY 82801			
Enter new mailing address, if applicable:	30 N Gould St Ste R			
(Mailing address MAY BE A POST OFFICE BOX)	Sheridan, WY 82801			
B. If amending the registered agent and/or registered office	address on our records, enter the nam	e of the new registered		
agent and/or the new registered office address here:	<u></u>	2022 JUL		
Name of New Registered Agent:				
New Registered Office Address:		٠		
	Enter Florida street address			
	Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agents				
I hereby accept the appointment as registered agent and agr	ree to act in this capacity, i jurther ag	ree to compty 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

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>	Address	Type of Action
AMBR	American Capital Investment Group LLC	30 N Gould St Ste R	X!Add
		Sheridan, WY 82801	□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not meet the	e applicable statu	filing or more than 9 story filing require	<b>(optional)</b> 0 days after filing.) Pu ments, this date wil	rsuant to 605,0207 (3 I not be listed as th
ne record specifies a delayed effective ord is filed.	e date, but not an effo	ective time, at 12	:01 a.m. on the ea	rlier of: (b) The 90	Ith day after the
Dated July 25	. 20.	22			
	R:	Tak.			
	Signature of a member	or authorized reni	resentative of a men	her	<del> </del>
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Filing Fee: \$25.00