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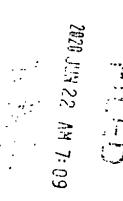
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(Document Number)	
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AUG 0 6 2020 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

Atlantic I	Realty, L.C.		
SUBJECT:	Name of Lim	ned Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Igors Tjutins		
		Name of Person	
	Atlantic Realty, L.C.		
		Firm/Company	
	1400 S Ocean Drive, Suite	308	
		Address	
	Hollywood, FL 33019		
		City/State and Zip Code	
	info@boatshippingusa.com		
	E-mail address: (to be used for future annual report not	ification)
For further information	i concerning this matter, please c	all:	
Igors Tjutins		786 908-3715	
Nam	e of Person		ne Telephone Number
Enclosed is a check fo	r 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 radditional copy is enclosed
P.O. Box 6	n Section Corporations	Street Address: Registration Sc Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Atlantic Realty, L.C.

(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 <u>07/11/200</u>		and assigned
Florida document number L00000008160			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:	1400 S Ocean Drive, S	uite 308, Hollywood	I, FL 33019
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a	ddress on our records	, enter the name o	of the new reg
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			····
	Enter Florida stre	et address	
	City	, Florida	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 wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Change
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[fecti	ve date, if other than the date of filing: (optional)
<u>ote:</u>	we date, if other than the date of filing:
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte
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ated .	i = 0.
ated .	1/1-4-11 /
ated .	Signature of a member or authorized representative of a member

Typed or printed name of signee