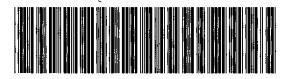
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(Re	questor's Name)				
(Address)					
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F. CLINE

AUG - 6 2012

EXAMINER

COVER LETTER

Registration Section

TO:

Division	of Corporations			
SUBJECT:	ATLANTIC	C-SAILFISH, L.L.C.		
SUBJECT.		ited Liability Company		
The enclosed Arti	cles of Amendment and fee(s) are su	bmitted for filing.		
Please return all c	orrespondence concerning this matte	r to the following:		
		BRITTANY DRIVER		
		Name of Person		
	AT	LANTIC-SAILFISH LLC		
		Firm/Company		
500		0 SOUTH 3RD STREET		
	Address		···1 Em/	
	JACKS	JACKSONVILLE BEACH FL 32250		
		City/State and Zip Code		
brittany.driver1@gmail.com E-mail address: (to be used for future annual report notifica		tany.driver1@gmail.com	2012 AUG -3 SECNETARY	
For further inform	nation concerning this matter, please	i see	OF SAME	
	: FARZIN DARABI	at (_904_)260-3	3080	
	Name of Person	Area Code & Daytime Telepl	none Number	
Enclosed is a che-	ck for the following amount:			
\$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 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	STREET/COURIER AI Registration Section Division of Corporations Clifton Building	DDRESS:	
	allahassee, FL 32314 2661 Executive Center Circle		rcle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ILFISH L.L.C.	our records)		
(Name of the Enthret	A Florida Limited I	ny as it now appears or Liability Company)	i oui recorus.		
The Articles of Organization for this Limited L	iability Company	were filed on	09/10/02	and assigned	
Florida document number L0200002	3447				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company,'	' the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		500 SOUTH 3RI	STREET		
(Principal office address MUST BE A STREET ADDRESS)		JACKSONVILLE	BEACH FL 3		
Enter new mailing address, if applicable:		500 SOUTH 3RD	STREET	# 2	
(Mailing address MAY BE A POST OFFICE BOX)		JACKSONVILLE	BEACH FL 3	<u> </u>	
				9.3	
				gr. S	
B. If amending the registered agent and registered agent and/or the new registered or	•		records, enter	the name of the new	
Name of New Registered Agent:	FARZIN DARABI				
New Registered Office Address:	500 SOUTH 3RD STREET				
	Enter Florida street address				
JACKS		ONVILLE BEACH	, Florida	32250	
•		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 60%, 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 the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Title **Address** Name MGRM FARZIN DARABI 500 SOUTH 3RD STREET ✓ Add JACKSONVILLE BEACH FL 32250 Remove CHRIS HIONIDES MGR 2275 ATLANTIC BLVD ✓ Add **NEPTUNE BEACH FL 32266.** ☐ Remove ☐ Add ☐ Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JULY 31** 2012 Dated Signature of a number or authorized representative of a member BRITTANY DRIVER

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00