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EXAMINER

## **COVER LETTER**

rations				
Atlantic Co	oast Group, LLC			
Traine of Shift	out Discinity Company			
nendment and fee(s) are sub	mitted for filing.			
ence concerning this matter	to the following:			
	Claudia Carrero			
Name of Person				
ODO File and I				
	i init Company			
6209 W Commercial Blvd				
Address				
	T			
Cbsfinancialcpas@aol.com  E-mail address: (to be used for future annual report potification)				
	-			
erning this matter, please ca	ill:			
ia Carrero	at ( 954 )	724-4141		
erson	Area Code & Da	ytime Telephone Number		
ollowing amount:				
\$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)		
	Atlantic Consume of Limit  The nendment and fee(s) are subsence concerning this matter  Country  Count	Atlantic Coast Group, LLC  Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  ence concerning this matter to the following:  Claudia Carrero Name of Person  CBS Financial Firm/Company  6209 W Commercial Blvd Address  Tamarac, FL 33319  City/State and Zip Code  Cbsfinancialcpas@aol.com  E-mail address: (to be used for future annual report terming this matter, please call:  ia Carrero  at (954)  Area Code & Da  collowing amount:  \$30.00 Filing Fee & Certified Copy		

TO:

**Registration Section** 

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

At	lantic Coast Group, LLC	;	
(Name of the Limited (A	Liability Company as it now apper Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Li	iability Company were filed on	Feb 03, 2003	and assigned
Florida document numberL03000004	1109		3 3 7
This amendment is submitted to amend the following	•	). 1.:	and assigned
A. If amending name, enter the new name of	f the limited liability company he	ere:	1. S. F.
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp	pany," the designation "L	LC" of the abbreviation
Enter new principal offices address, if applic	able:		····
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or the new registered of		our records, <u>enter tl</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addr	ess
		, Florida	7) () [
	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 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

**Type of Action** Title **Address** <u>Name</u> MGR Mark Voyer 741 VILLA PORTO FINO CIR ✓ Add DEERFIELD BEACH, FL33442 Remove Add Remove ∐Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 29 2010 Dated Signature of a member or authorized representative of a member Diana Voyer Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00