

203000052839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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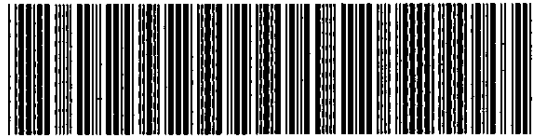
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A. LUNT

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EXAMINEE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUN -2 AM 10:40

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIMITED LIABILITY COMPANY REINSTATEMENT  
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:

A. PAUL CEMP (MR)  
Name of Person

TRANS ATLANTIC HOLDING LLC  
Firm/Company

219 NE 25TH AVENUE  
Address

POMEROY BEACH 33062 FLORIDA  
City/State and Zip Code

PAUL CEMP HOTMAIL.COM.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL CEMP at (954) 478 2353.  
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**

(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 12/15/2003 and assigned Florida document number L03000052839.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TRANS ATLAS "L.L.C."

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

M<sup>S</sup> ZOE TYRER

New Registered Office Address:

221 NE 25TH AVE

Enter Florida street address

PORTLAND BEACH

City

Florida

33062

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 Changing Registered Agent, Signature of New Registered Agent

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	Name	Address	Type of Action
MR	DAVID MURRAY	1401 E BROWARD BLVD # 200 FORT LAUDERDALE FL 33301 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ZOE TYRER	221 NE 25TH AVE POMPANO BEACH FL 33062 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 24.02.2010

Signature of a member or authorized representative of a member

ANTHONY PAUL CRUMP

Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA