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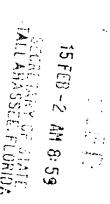
| (Requestor's Name)                      |
|---|
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J. SHAVORS FEB 10 2015

## **COVER LETTER**

| TO: Registration Section ' Division of Corporations  |
|--|
| SUBJECT: Atlantic Enterprises LLC Name of Limited Liability Company  |
| 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:  |
| Dieter Brennecke   |
| Atlantic Enterprises LLC Firm/Company  |
| 1448 SW 28th Ave   |
| Address  |
| Ft Lauderdale F1 33312   |
| City/State and Zip Code  Abrenecke @ Comcast, net  E-mail address: (to be used for future annual report notification)  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Die ter Brennecke at (754) 234 - 1470  Name of Person Area Code Daytime Telephone Number   |
| Name of Person Area Code Daytime Telephone Number  |
|  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee \\ Certificate of Status \\ (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

| Atlantic G  | interprises LLC  |   |
|---|--|---|
| (Name of the Limite   | ed Liability Company as it now appears on our records.)<br>(A Florida Limited Liability Company)   |   |
|   |  |   |
| The Articles of Organization for this Limited Lia   |  |   |
| Florida document number 4990  | 997295   |   |
| This amendment is submitted to amend the follow   | owing:   |   |
| A. If amending name, enter the new name of  | the limited liability company here:  |   |
|   | <del></del>  |   |
| The new name must be distinguishable and end with the w                                   | words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |   |
| Enter new principal offices address, if applica   | able:  |   |
| (Principal office address MUST BE A STREET  | T ADDRESS)   |   |
|   |  |   |
|   |  |   |
| Enter new mailing address, if applicable:   |  |   |
| (Mailing address MAY BE A POST OFFICE B   | <u>BOX)</u>  |   |
|   |  |   |
| 5 to 11 to 12 to 14   |  |   |
| B. If amending the registered agent and/o registered agent and/or the new registered offi | or registered office address on our records, <u>enter the name of the ne</u><br>fice address here:   | W |
|   |  |   |
| Name of New Registered Agent:   | Dieter Bremecke 55   |   |
| New Registered Office Address:  | 1448 SIN Z8th Ave 25 "   |   |
| New Registered Office Address.  | Enter Florida street address   |   |
|   | F+ Landerdale Florida #33312   |   |
|   | City Zip Code  |   |
| New Registered Agent's Signature, if changing Re  | egistered Agent:   |   |
|   | d agent and agree to act in this capacity. I further agree to comply with th   | e |
|   | er and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is |   |
| being filed to merely reflect a change in the re  | registered office address, I hereby confirm that the limited liability   |   |
| company has been notified in writing of this c  | change (/ / A  |   |

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> Address **Type of Action** MGR Dieter Brennecke 1448 SW 28th Are DAdd 1 Correction in title Ft. Landerdale, F/ 33312 A Remove Dieter Brennecke 1448 SW Z8th Ave JAdd Ft. Landerdale, F/ 33312 - Remove MGR April Teddlie 1448 SW 28th Are Jadd Ft. Landerdale, F/ 33312 Remove Add □ Remove

□ Add

□ Remove

|                                    | ,                |   |  |                       |  |
|------------------------------------|------------------|---|--|-----------------------|--|
|                                    | ·                |   | ·                                      |                       |  |
|                                    |                  |   |  |                       |  |
|                                    |                  |   |  |                       |  |
| <del></del>                        |                  | <del></del>   |  |                       |  |
| The effective                      | date must be spe | than the date of file scific, cannot be prior to d by the Florida Departr | date of receipt or                     | filed date and cannot | (optional)<br>be more than 90 days after |
| The effective the date this of     | date must be spe | ecific, cannot be prior to  | date of receipt or                     | filed date and cannot |  |
| (The effective                     | date must be spe | ecific, cannot be prior to  | date of receipt or                     | filed date and cannot |  |
| (The effective of the date this of | date must be spe | ecific, cannot be prior to<br>d by the Florida Departr                    | o date of receipt or<br>ment of State) | filed date and cannot | be more than 90 days after               |

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