## L04000014796

. (Re	equestor's Name)	<u> </u>	
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(Ci	ity/State/Zip/Phone	<b>⇒</b> #)	
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(В	usiness Entity Nar	ne)	
(Document Number)			
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B. BOSTICK
APR 1 7 2012
EXAMINER

## **COVER LETTER**

e &.	(	COVER LETTER		
TO: Registration Division of C		· • • • • • • • • • • • • • • • • • • •		
SUBJECT:	Atlantis	Spectrum LLC		
	Name of Limit	ed Liability Company	· • • • • • • • • • • • • • • • • • • •	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
		Ron York		
		Name of Person		
	At	lantis Spectrum LLC		
		Firm/Company		
		P.O. Box 536042		
		Address	All	
		Orlando, FL 32853		
		City/State and Zip Code		12 APR
	R-mail address: (t	ron@rpmrealty.net be used for future annual report notific	ation	R R
			ation)	SS 6
For further information	n concerning this matter, please ca	all:		PH 1: 3:
	Ron York	at ( 407 ) 9	29-0652	LOR
Nam	e of Person	Area Code & Daytime	Telephone Number	39 DA
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)	Certified	ite of Status &

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

Atlantis Spe	ectrum LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Company	were filed on	2/16/2004	and assigned
lorida document numberL04000014796		,	
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	oility company here	:	
e new name must be distinguishable and end with the words "Lim.L.C."	ited Liability Compan	y," the designation "L	<i>∞</i> <u>⊸</u>
iter new principal offices address, if applicable:			2 AP
rincipal office address MUST BE A STREET ADDRESS)		SO:	
		[7] C	
nter new mailing address, if applicable:		FLORIO	
Tailing address MAY BE A POST OFFICE BOX)		A	<del>' \                                   </del>
If amending the registered agent and/or registered of	Tice address on ou	ır records enter th	ne name of the i
gistered agent and/or the new registered office address her	<u>e</u> :	er records, enter the	ic name of the i
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street addr	ess .
	City	, Florida	Zip Code
	cuy		<i>ир</i> Соае

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Andrew Zeneski	P.O. Box 536042 Orlando, FL 32853	☐ Add ☑ Remove
MGRM	Eric Singelton	P.O. Box 536042 Orlando, FL 32853	Add  ✓ Remove
MGRM	Null Pointer, Inc.	P.O. Box 536042 Orlando, FL 32853	✓ Add Remove
<u>MGRM</u>	Peanut Technology	, Inc. P.O. Box 536042 Orlando, FL 32853	Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information	, enter change(s) here: (Attach additional sheets, i	12 APR 16 PM 1
Dated	April 13	2012	: 3:9 ATE RIDA
	Signatu	re of a member or authorized representative of a membe	r
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00