## LCHUCAROIC

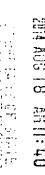
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(Business Entity Name)
(Document Number)
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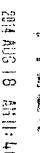
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NO 20 2014 D. BRUCE

## **COVER LETTER**

Division of Corpo	rations			•	
SUBJECT: R. BOV	wen Gillespie	, Esq			
	Name of Lim	ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	R. Bowen G	illespie, P.A.	<u>_</u>		
		Name of Person			
	Gillespie & A	Allison P.A.	·		
	•	Firm/Company			
	33 SE 5th S	treet			
		Address			
	Boca Raton	, Florida 33432			
		City/State and Zip Code			
				701.4	
	E-mail address: (	to be used for future annual report notifica	ition)	<u>*</u>	As Gr
For further information con	cerning this matter, please ca	all:	表示	<del>د</del> ت	wasano Yarasa
R. Bowen G	illespie	<sub>at</sub> 561 368 57	58 SA	8	
Name of F	Person	Area Code Daytime T	elephone Number	04:10	
Enclosed is a check for the	following amount:		74.4		
■ \$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 Sta Certified Copy (additional copy is er	itus &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

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 Truss Group, LLC			
(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 March 22, 2004  Florida document number L04000022010	and	d assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the	e abbreviati	ion "L.I	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del></del>
<del> </del>	•		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<del></del>
B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	r the na	me of	f the ne
	7	222 242	
Name of New Registered Agent:	13. 2	A	
New Registered Office Address:	新艺	<u>6   8</u>	- Transmitte
Enter Florida street address	14 mg 1 mg	200	
, Florida _	?: 7in (	oda	r viegt
New Registered Agent's Signature, if changing Registered Agent:	Zip C	5	

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 605, 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 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 = M $AMBR = A$	lanager uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MGRM	Ben Martz	2060 Augusta Terrace
		Coral, Springs, Florida
		33071
MGRM	NU view IRA, Inc. F/B/O Benny L. Martz IRA	1064 Greenwood Blvd. S ■ Add
		Suite 312
		Lake Mary, Florida 32746
		Add
		Remove
	·	
		Remove
		Rêmove 7
		Rêmove
		Add
		Remove

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ffective date, if other than	the date of filing:		(optional)
ffective date, if other than the effective date must be specific,	cannot be prior to date of receipt or fi	ed date and cannot be	(optional) e more than 90 days after
ffective date, if other than the effective date must be specific, the date this document is filed by the	cannot be prior to date of receipt or fi	led date and cannot be	(optional) e more than 90 days after
ne effective date must be specific, the date this document is filed by the	cannot be prior to date of receipt or fi e Florida Department of State)	ed date and cannot be	(optional) e more than 90 days after
he effective date must be specific,	cannot be prior to date of receipt or fi	ed date and cannot be	(optional) e more than 90 days after
ne effective date must be specific, the date this document is filed by the	cannot be prior to date of receipt or fi e Florida Department of State)	ied date and cannot be	(optional) e more than 90 days after
ne effective date must be specific, the date this document is filed by the	cannot be prior to date of receipt or fi e Florida Department of State)		e more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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