L06000009349

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Contification of Chatter
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300134529143

08/20/08--01007--011 **25.00

O8 AUG 20 AH II: OU SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 2 1 2008

EXAMINER

.COVER LETTER

то:					
SUBJE	CT:	THE .	ARNOLD GROUP, LLC		
•		•		ted Liability Company)	
The end	closed Arti	cles of	Amendment and fee(s) are sub-	mitted for filing.	
Please i	return all c	tion Section of Corporations THE ARNOLD GROUP, LLC (Name of Limited Liability Company) Cles of Amendment and fee(s) are submitted for filing. DAVID F. WILSEY, ESQUIRE (Name of Person) FISHER AND WILSEY, P.A. (Firm/Company) 1000 - 16th STREET NORTH (Address) ST. PETERSBURG, FL 33705-1147 (City/State and Zip Code) ation concerning this matter, please call: LSEY, ESQUIRE (Name of Person) at (727) 898-1181 (Area Code & Daytime Telephone Number) at (50.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)			
			DAVID F. WILSEY, F		
				(Name of Person)	
			FISHER AND WILSEY,		
				(Firm/Company)	
			1000 - 16th STREET		
				(Address)	
			ST. PETERSBURG, FI	33705-1147	
			<u> </u>		
For fur	ther inform	nation c	oncerning this matter, please ca	all:	
DAVI					
		(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclose	ed is a chec	ck for t	ne following amount:		
№ \$25	.00 Filing	Fee		Certified Copy	Certificate of Status & Certified Copy

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

FISHER AND WILSEY, P.A.

ATTORNEYS AND COUNSELORS AT LAW 1000 - 16TH STREET NORTH ST. PETERSBURG, FLORIDA 33705-1147

GEORGE F. WILSEY Roard Certified Wills, Trusts and Estates; Certified Circuit Mediator

(727) 898-1181 Toll Free (877) 402-2747 Fax (727) 821-6681 STEVEN M. WILSEY Also Certified Public Accountant

DAVID F. WILSEY

Retired ROBERTW. FISHER

August 18, 2008

Florida Department of State Division of Corporations Registration Section P. O. Box 6327 Tallahassee, FL 32314

Re:

The Arnold Group, LLC

Document No. L06000009349

Articles of Amendment

Dear Sir or Madam:

Enclosed you will find Articles of Amendment for the above-referenced limited liability company reflecting the change of its name to: Atlas Acquisitions Group, LLC.

A Cover Letter and our firm's check in the amount of \$25.00 as the required filing fee are also enclosed.

I look forward to receiving your letter of acknowledgment after the filing of this Amendment. Thank you for your assistance.

Sincerely,

DAVID F. WILSEY

DFW/jek Enclosures

\2008\corporations\arnold group\sec state Itr 8 18 08

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 AUG 20 AM 11: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE ARNOLD 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 Compa	any were filed on 01/26/2006	and assigned
Florida document number L0600009349		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
ATLAS ACQUISITIONS GROUP, LLC		
The new name must be distinguishable and end with the words "L" L.L.C."	Limited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
		orida
	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

4.32.3

	<u>Name</u>	<u>Address</u>	Type of Act
t	 	<u> </u>	<u>1,,p0</u> 011101
			Add
			Remove
			Add
			Remove
			Add Remove
			Kemove
			Add Remove
			—
			Add Remove
			Add
<u> </u>			Remove
			SE SE
amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessa	in Egg
			AHA FI
			ETARY OF S
			F ST
			=
			RIDA RIDA
A.	ugu <u>s</u> t 18	2008	
-	7)5/		
\mathcal{L}	Mo. N	(
_		member or authorized representative of a member	
	RICHARD ARNOLD, Member	Typed or printed name of signer	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00