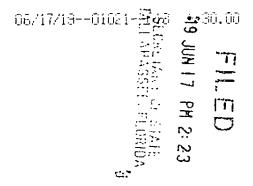
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(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		
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Office Use Only



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COVER LETTER

SUBJECT:	CD Atlan	tis LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Harry	Zuker Name of Person	
	CD A+	lantis, LL Firm/Company	<u>C</u>
		Atlantic Ave	
	Delray Be	City/State and Zip Code	3484
	hzuker e	City/State and Zip Code Comnet realt to be used for future annual report note	G. CO.M
For further information c	oncerning this matter, please ca	all:	
_ Harry	Zuker	at (<u>561</u>) <u>99</u> Area Code Daytim	9-0006×102 e Telephone Number
Enclosed is a check for the	he 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

Registration Section

Division of Corporations

TO:

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

(1) Atlant	15 LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records, imited Liability Company))
The Articles of Organization for this Limited Liability Cor Florida document number <u>L060008 2143</u>		06 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		SECTION 19
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	 	TO TO T
		± 23
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records,	enter the name of the new
egistered again amon the new registered white address	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	Сііу	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Edward Zuker	300 independence Dr. Chestnut Hill, MA 0246	Add
		Chestrul Hill, MA 0246	Remove
	<i>t</i>		Change
MGR	Harry Zuker	5850 W Atlantic Ave. #10 Delvay Beach, Fr 3318	<u> </u>
		Delray Beach, Fe 3318	¥ □ Remove
			Change
			<u> </u>
			Remove—
			910 /3
			□ Remove
			Change
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			🗆 Remove
			Change

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Page 3 of 3

Filing Fee: \$25.00