## L060000025968

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					

Special Instructions to Filing Officer:

A. LUNT

MAR 12 2010

**EXAMINER** 

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## **COVER LETTER**

TO: Registration of Division of	on Section f Corporations			
SUBJECT:	Atlantic Hom	es of Palm Coast LLC		
	Name of Lin	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are so	ubmitted for filing.		
Please return all cor	respondence concerning this matter	er to the following:		
		David Wilhite		
		Name of Person		
	Atlanti	c Homes of Palm Coast L	LC	
		Firm/Company		
		PO Box 2641		
		Address	<del>*************************************</del>	70
		Bunnell, FL 32110		2010 MAR 11 SECRETARI TALLAHASS
		City/State and Zip Code		AHAN AND AND AND AND AND AND AND AND AND A
		dwilhite@hughes.net		MAR II P
		(to be used for future annual report no	otification)	무막 교
For further informat	tion concerning this matter, please	call:		PH 4: 09
	David Wilhite	at ( 386 )	527-4585	
Na	ame of Person		time Telephone Number	<del></del>
Englosed is a sheek	for the following amount:			
\$25.00 Filing Fe	•	\$55.00 Filing Fee &	<b>-1</b> \$40.00 E:::	na Foo
	Certificate of Status	Certified Copy  (additional copy is enclose	sed) Certified	e of Status &
М	AILING ADDRESS:	STREET/COU	RIER ADDRESS:	
Registration Section Division of Corporations		Registration Sec Division of Corp	etion	
P.O. Box 6327		Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	es of Palm Coast				
( <u>Name of the Limited Liability</u> (A Florida Li	mited Liability Company)	irs on our records.)			
The Articles of Organization for this Limited Liability Co Florida document numberL06000025968	mpany were filed on	3-10-2006	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company he	<u>ce</u> :			
Atlantic H	iomes Realty LLC				
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Comp	eany," the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if applicable:	8 Edgely PL				
(Principal office address MUST BE A STREET ADDRE	Palm Coast,	FL JZ 104 /	2010		
		2	温 差 加		
		3			
Enter new mailing address, if applicable:		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>				
			OR CO		
			e mo		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, enter t	the name of the new		
registered agent and or the new registered office additi	HAS HELD.				
Name of New Registered Agent: David	Wilhite				
New Registered Office Address: 4495 (	CR 90				
	Enter Florida street address				
	Bunnell	, Florida	32110		
	City		Zip Code		
N					

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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Doris Dolamore	8 Edgely PL Palm Coast, FL 32164.	Add Remove
·· <del>··</del>			Add Remove
<del></del>	<u> </u>		Add Remove
			Add Remove
	<del> </del>		Remove
	<del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		₩ Add Remove
D. If amen	ding any other information	enter change(s) here: (Attach additional she	eets, if necessary PA
Dated	March 9th		<u> </u>
	Signatur	e of a member of authorized representative of a m	sember .
	Signatur	David Wilhite	ioniooi
		Typed or printed name of signee	

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Filing Fee: \$25.00