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(Requ	estor's Name)
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(City/S	tate/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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DIVISIA CONTRACTOR

COVER LETTER

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TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

Atlantic So	uth LLC				
30BJEC1.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	John Arsenault				
		Name of Person	, i • •		
	Atlantic South LLC				
		Firm/Company			
	11025 Point Nellie Dr				
		Address			
	Clermont, Florida 34711 City/State and Zip Code				
	E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
John Arsenault		352 250-5606			
Name o	f Person		me Telephone Number		
Enclosed is a check for the	ne 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 Addres		Street Address:			
Registration S Division of C		Registration S Division of Co			
P.O. Box 632		The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.1

Atlantic South, LLC	
(Name of the Limited Liability Company as if now appea (A Florida Limited Liability Company)	rs on our records.)
he Articles of Organization for this Limited Liability Company were filed on	July 26, 2022 and assigned
lorida document number	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company h	ere:
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	-
	' v' -
nter new mailing address, if applicable:	29
Mailing address MAY BE A POST OFFICE BOX)	T.
	7.1
	c Σ <u>§</u> :
If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	rida street address
	, Florida
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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Peter Kramer	1067 Beacon Street	Add
		Brookline, Massachusetts 02446	Remove
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Effan ei	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua	nt to 605.020°
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records.	t be listed as
	·	
e reco rd is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of ed.	day after the
	7/26/22	
rs		
Dated		

Typed or printed name of signce