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## COVER LETTER

TO:	Registration Division of C					
SUBJECT: Atlanticblue Warehousing, LLC						
			ited Liability Company			
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please	return all corres	pondence concerning this matter	r to the following:			
			Yvonne Bunce			
			Name of Person			
		At	tantic Blue Group, Inc			
			Firm/Company		•	
			PO Box 1318			
Address				•		
Lake Wales, FL 33859						
City/State and Zip Code				•		
		yb	ounce@atlanticblue.us to be used for future annual repo	)		
For fur	ther information	concerning this matter, please of		nt notification)		
	Υ	vonne Bunce	at (_863 )	679 9595  Daytime Telephone Numbe		
	Name	of Person	Area Code &	Daytime Telephone Numbe	r	
Enclose	ed is a check for	the following amount:				
<b>₹</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certified	te of Status &	

**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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Atlar	nticblue Warehousing, LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Li	ability Company were filed on June 14, 2007 and assigned
Florida document number L07000062	<u>604</u> .
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Karl Sweeney	PO Box 1318, Lake Wales, FL 33859	Add ✓ Remove
MGR	David Koon	PO Box 1318, Lake Wales, FL 33859	☑ Add □ Remove
			Add Remove
D. If amend	June 3	re change(s) here: (Attach additional sheets, if necessary.)  ,	SECRETARY OF STATE OF CORPORATIONS
		JD Alexander	
		Typed or printed name of signee	

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Filing Fee: \$25.00