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#### **COVER LETTER**

TO:	Registration Se Division of Cor			
SHRII	ATLANTIC	C REAL ESTATE SERVICES	LLC	
осы,		Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		STEPHEN KALER		
			Name of Person	
		STEPHEN KALER CPA L	LLC	
			Firm/Company	
		11911 US HIGHWAY 1, S	SUITE 201-34	
			Address	· · <del></del>
		PALM BEACH GARDEN	S, FLORIDA 33408	
			City/State and Zip Code	···
		KALER.STEPHEN@GMA		
		E-mail address: (	to be used for future annual report notif	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
STEP	HEN KALER		at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for the	ne following amount:		
<b>■</b> \$2	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

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

## ATLANTIC REAL ESTATE SERVICES 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 Company were filed on AUGUST 20, 2009 and assigned Florida document number L09000080324 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STEPHEN KALER CPA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 11911 US HIGHWAY 1, SUITE 201-34 Enter new principal offices address, if applicable: PALM BEACH GARDENS, FL 33408 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	Name	Address	Type of Action
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00