LD900082538

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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(Document Number)				
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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:		Atlantic LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Dmitriy Kim			
		Name of Person			
Grand Atlantic LLC					
17375 Collins Ave, Unit 1408					
		Address			
Sunny Isles Beach, FL 33160					
		City/State and Zip Code			
	F-mail address: (dmikim@gmail.com to be used for future annual report notifi	cation)		
Dan Gurthan in Compation	concerning this matter, please of		Cuttony		
ror further information	concerning this matter, please c	હ્યા.			
	Dmitriy Kim		31999935		
Name of Person		Arca Code & Daytimo	e Telephone Number		
Enclosed is a check for	the 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

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

Grand Atlantic, 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 onAugust 26, 2009 and assigned				
Florida document numberL09000082538				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the words "Limited 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 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 name of the new				
registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
, Florida				
CiryZip 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 Changing Registered Agent, Signature of New Registered Agent				
organization with the state of				

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 = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
D. If a	mending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)			
	Hereby form the Investment Fund a	t the rate of 5,000.00 (five thousand) US			
	Dollars and distribute the shares of	the Investment Fund as following:			
	Mr. Dmitriy Kim - 5,000.00 (five thou	usand) US Dollars, that comes to 100%			
	of the Investment Fund.				
					
Dated _	October 22 20				
	Signature of a member				
	Typed	Dmitriy Kim d or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00