

LO9000086611

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Amend

LO9-86611

FILED
09 SEP 14 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

SEP 15 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATLANTIS 922, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARILAOS KOULOUTHROS

Name of Person

Firm/Company

18683 COLLINS AVE #1902

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ()

Area Code & Daytime 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

ATLANTIS 922, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 9/8/09 and assigned
Florida document number L09000086611.

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)

18683 COLLINS AVE #1902

SUNNY ISLES BEACH, FL 33160

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:

CHARILAOS KOULOUTHROS

New Registered Office Address:

18683 COLLINS AVE #1902

Enter Florida street address

SUNNY ISLES BEACH

Florida

33160

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.

[Signature]
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 or Managing Member being added or removed from our records:

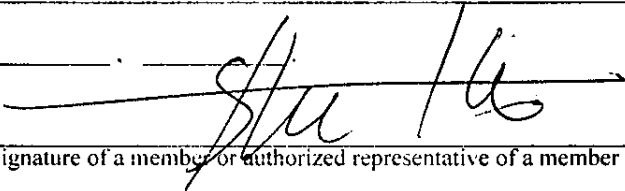
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHARILAOS KOULOUTHROU	18683 COLLINS AVE #1902 SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARIA ALVAREZ	18683 COLLINS AVE #1902 SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	STEPHEN KOULOUTHROU	2449 SW 18TH TERRACE #922 FT LAUDERDALE, FL 33315	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____


Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA