L1000022752

(Re	equestor's Name)			
(Ad	ldress)	<u> </u>		
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(Cit	ty/State/Zip/Phone	e #)		
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EXAMINER



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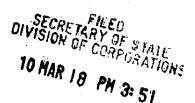
COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Atlantic Coast Indi	ustries of Northern FL, l	LC		
	Name of Lin	nited Liability Company			
The enclosed Artic	cles of Amendment and fee(s) are so	ubmitted for filing.			
Please return all co	orrespondence concerning this matte	er to the following:			
		Jessie Padilla Name of Person			
	Debb	nie's Accounting Service Inc	;		
	Firm/Company				
	3575 Southside Blvd				
		Address			
		Jacksonville FL 32216 City/State and Zip Code	, a		
	J. E-mail address:	essiepadilla1@aol.com (to be used for future annual report not	fication)		
For further inform	ation concerning this matter, please				
	Jessie Padilla	at (904)	733-4547		
	Name of Person	Area Code & Dayui	ne Telephone Number		
Enclosed is a chec	k for the following amount:				
₹ \$25.00 Filing 1	Fee \$\int \\$30.00 \text{ Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ATLAN	ITIC COAST	<u> INDUSTIRI</u>	ES, LLC	
(Name of the Limit	ed Liability Comp (A Florida Limited	pany as it now app Liability Compan	ears on our records.)	
The Articles of Organization for this Limited	Liability Compar	ny were filed on _	February 28 2010	and assigned
Florida document number L100000	22752			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company l	<u>iere</u> :	
Atlantic (Coast Industrie	es of Northern	FL, LLC	
The new name must be distinguishable and end v "L.L.C."	vith the words "Lir	mited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
			<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered			our records, enter the	e name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	Enter Florida street addre	
			emer rioriud street daare	oo.
		Cir	, Florida	Zin Code
		City		in Long

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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	Add Remove
			□Add □Remove
			Add Remove
D. If ar	nending any other information, enter cl	nange(s) here: (Attach additional sheets, if necessary.)	
	THE OLD BUSINESS NAME:		
	ATLANTIC COAST INDUSTIRES	S, LLC	
	THE NEW BUSINESS NAME:		<u> </u>
	ATLANTIC COAST INDUSTRIES	S OF NORTHERN FL, LLC	_
Dated _	March 15 Mualel M	2010 . The state of a member	
		Donald F Morel	
	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00