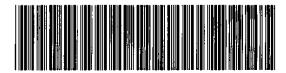
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C. LEWIS

JUL 2 2010

EXAMINER

COVER LETTER

TO: Registration of	on Section F Corporations					
SUBJECT:	ATLAN	ITIS2010, LLC				
		ited Liability Company				
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.				
Please return all con	respondence concerning this matter	r to the following:				
		CARRILLO MARCO T				
		Name of Person				
	ATLANTIS2010, LLC					
Firm/Company						
	8319 NW 66TH ST					
		Address				
MIAMI, FL 33166						
City/State and Zip Code						
	HAR (OTULIO11) E-mail address: (HAR COTULIO116 C Yohoo. and E-mail address: (to be used for future annual report notification)				
For further informat	ion concerning this matter, please o	eall:				
JOS	SE LUIS SOMOZA R	at (954)	65 7697			
Name of Person		at (954) 465 7697 Area Code & Daytime Telephone Number				
Enclosed is a check:	for the following amount:					
\$25.00 Filing Fee	e \$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

FILED

2010 JUL - 1 AM 14: 65

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ATLANTIS	2010, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now app Liability Company	sears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000025193	y were filed on _	MIAMI, FLORIDA	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company l	nere:	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	nited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u>0RESS)</u> 8319 NW 66TH ST,MIAMI, FL 33166		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8319 NW 6	66TH ST,MIAMI, FL 3	3166
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre.	
	Enter r torida street daaress		
	City	, FIORIUA	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 = Managing Member **Title** Name <u>Address</u> Type of Action MGRM JOSE LUIS SOMOZA R **⊘** Add 2280 SW 14 TH COURT, FORT LAUDERDALE, FL, 33312 Remove \prod Add Remove ☐ Add Remove ∏ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 18 2010 Signature of a member or guthorized representative of a member CARRILLO MARCO T Typed or printed name of signee