L1000038275

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	∍#) ,		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
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2011 SEP 23 AM IN 52
SECRETARY OF STATE
AND AMASSEE, FLORIDA

T. CLINE
SEP 2 6 2011
EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Atlan	tic M.G., LLC			
		nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
		Siranush Hakobyan			
		Name of Person			
		Firm/Company		•	
		9 Rainstone Lane			
		Address	· · · · ·		
		Palm Coast, FL 32164			
		City/State and Zip Code		Ela M	
	E-mail address:	(to be used for future annual report notifica	ttion)	2000年	
For further information	concerning this matter, please	call:		2011 SEP 23 SEGRETARY ALL MHASSE	indraen.
Sira	nush Hakobyan	ar ()	52-6580	, in c	
Name	of Person	Area Code & Daytime	Telephone Number	AM ID 52	22.00
Enclosed is a check for	the following amount:			> 60	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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**

(Name of the Limited	Atlantic MG, LLC	rs on our records.)		
	A Florida Limited Liability Company)			
The Articles of Organization for this Limited I	and assigned			
Florida document number L1000003	8275			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability company her	<u>re</u> :		
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Compa	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applie	cable:		70 B	
(Principal office address MUST BE A STREI	ET ADDRESS)			
			SS 23	
Enter new mailing address, if applicable:			mg ≥ 17	
(Mailing address MAY BE A POST OFFICE	BOX)		LOI ST	
· · · · · · · · · · · · · · · · · · ·			RIE 5	
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, enter	the name of the new	
Name of New Registered Agent:	Siranush Hakobyan			
New Registered Office Address:	9 Rainstone Lane			
-	Enter Florida street address			
	Palm Coast	, Florida	32164	
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere the provisions of all statutes relative to the p	proper and complete performance	of my duties, and I d	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

Page 1 of 2

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 MGR Gevorg Galstyan 9 Rainstone Lane ☐ Add
✓ Remove Palm Coast, FL 32164 MGR Siranush Hakobyan 9 Rainstone Lane 🗹 Add Palm Coast, FL 32164 Remove ☐ Add Remove Add Remmye 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 Siranush Hakobyan

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00