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**EXAMINER** 



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## COVER LETTER .

Division of Corporations
SUBJECT: ATlantic Reinforcing 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:
Jesus A. Sanchez  Name of Person
Atlantic Reinforcing LLC Firm/Company
15397 Sw 16 terr. Address
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 (786) 368 - 1378  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Sad Certificate of Status S55.00 Filing Fee Sadditional 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

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on <u>8-10-2010</u>	and as	signed
Florida document number <u>L/000008.35 44</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applicable:	ATlantic Rein	forcina	116
(Principal office address MUST BE A STREET ADDRESS)	15397 SW 110 terr		
	miami, FL.	33185	
Enter new mailing address, if applicable:	Atlantic Reil	forcina	
(Mailing address MAY BE A POST OFFICE BOX)	Atlantic Reil	terr	
	miami, FL, 3	3185	···
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name o	of the new
Name of New Registered Agent:		TAL SE	
			77
New Registered Office Address:	Enter Florida street a	ddress -1	Services Services
	, Florida	्रेंट्र ₽	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		SIE A	

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, 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> **Name** <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 6 of bec Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25:00