

L11000026366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUN - 2 2011

EXAMINER



500208194755

05/31/11--01012--007 **25.00

FILED
11 MAY 31 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Dean Atchison

Name of Person

Atchison Management Services Inc

Firm/Company

107 Las Palmas

Address

Merritt Island FL 32953

City/State and Zip Code

321ekw@bellsouth.net

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

For further information concerning this matter, please call:

Dean Atchison

Name of Person

at (321)

452-5854

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

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

The Articles of Organization for this Limited Liability Company were filed on 03/03/2011 and assigned
Florida document number L11000026366

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)

2550 Okeechobee Blvd

West Palm Beach FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2550 Okeechobee Blvd

West Palm Beach FL 33409

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:

Atchison Management Service inc

New Registered Office Address:

107 Las Palmas

Enter Florida street address

Merritt Island

Florida

32953

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.

If Changing Registered Agent, Signature of New Registered Agent

Mgr Tutovic , Salo 6134 Robinson St ☐ Add
Jupiter FL 33458 ☒ Remove

Mgr Tutovic , Rovewa 6134 Robinson St ☐ Add
Jupiter FL 33458 ☒ Remove

Mgr Joseph M Goldman 921 SE Walters Terr ☒ Add
Port Saint Lucie FL 34983 ☐ Remove

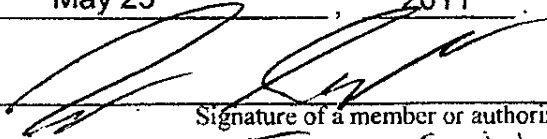
☐ Add
 ☐ Remove

☐ Add
 ☐ Remove

☐ Add
 ☐ Remove

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

Dated May 23, 2011

 5-23-11
Signature of a member or authorized representative of a member
Joe Goldman 5-23-11
Typed or printed name of signee