

L11000048104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

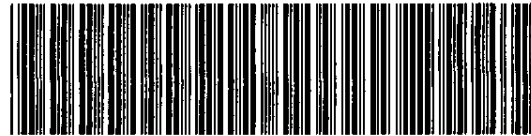
Special Instructions to Filing Officer:

**A. LUNT**

MAY 23 2010

**EXAMINER**

Office Use Only



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05/20/11--01018--011 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 20 PM 1:08

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida ATLANTIC Group 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:

Jose Vargas  
Name of Person  
Florida ATLANTIC Group LLC  
Firm/Company  
2234 N. Federal Hwy #445  
Address  
Boca RATON FL 33431  
City/State and Zip Code  
FL ATLANTIC Group @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Vargas at 407 914 0234  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
FL Dept  
STATZ
- ☐ \$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

STREET/COURIER ADDRESS:  
Registration Section

FILED  
2011 MAY 20 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Florida ATLANTIC Group LLC

(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 \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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MAY 20 PM 1:00  
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TALLAHASSEE, FLORIDA

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	Address	Type of Action
MNGR	Jose Vargas	2234 N Federal Hwy #445 Boca Raton FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MNGR	Angela TORRES	2234 N Federal Hwy #445 Boca Raton FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jose VARGAS	2234 N Federal Hwy #445 Boca Raton FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 516 . 11 .

2011 MAY 20 PM 1:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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