

L12000035914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

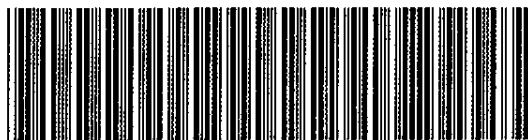
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600224850016

03/19/12--01027--022 **30.00

FILED
12 MAR 19 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 20 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heritage Atlantic Trust, 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:

Peter Schimpf

Name of Person

Heritage Atlantic Trust, LLC

Firm/Company

2014 Edgewater Dr, Suite 127

Address

Orlando, FL 32804

City/State and Zip Code

karen.schimpf@att.net

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

For further information concerning this matter, please call:

Peter Schimpf

Name of Person

at (407)

461-7811

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Heritage Atlantic Trust, LLC

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

FILED
12 MAR 19 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 14, 2012 and assigned
Florida document number L12000035914.

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:

Heritage Atlantic Trust, LLC

(Principal office address MUST BE A STREET ADDRESS)

2014 Edgewater Dr. Suite 127

Orlando, FL 32804

Enter new mailing address, if applicable:

Heritage Atlantic Trust, LLC

(Mailing address MAY BE A POST OFFICE BOX)

2014 Edgewater Dr. Suite 127

Orlando, FL 32804

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:

(same)

New Registered Office Address:

2014 Edgewater Dr. Suite 127

Enter Florida street address

Orlando

Florida

32804

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peter Schimpf	2014 Edgewater Dr. Suite 127, Orl, FL	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated March 15, 2012


Signature of a member or authorized representative of a member

Peter Schimpf

Typed or printed name of signee

FILED
12 MAR 19 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA