

L12000070042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

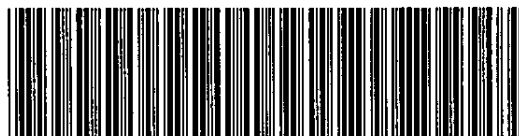
(Document Number)

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15 MAY -4 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

name change

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AQUAMARINE INTERNATIONAL 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:

RAUL RAMIREZ-DOVALE

Name of Person

Firm/Company

5030 SW 149 PL

Address

MIAMI FL 33185

City/State and Zip Code

RRDOVALE@GMAIL.COM

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

For further information concerning this matter, please call:

RAUL RAMIREZ-DOVALE

Name of Person

305 444-3636

at ( )

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

FILED  
15 MAY -4 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Atlantic LLC

5030 SW 149 Place, Miami FL 33185

Department of State

Division of Corporations

P.O. Box 6327-

Tallahassee, FL 32314

4/26/15

Subject: AQUAMARINE INTERNATIONAL LLC

Ref. Number L12000070042

Atta Diane Cushing

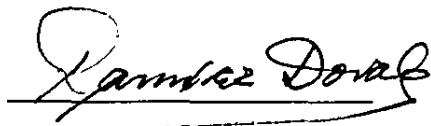
Senior Section Administrator.

Thank you for your letter.

This letter is to state that we have no intention of revoking the dissolution of ATLANTIC LLC.

We will be very grateful if you release the name for the change of Aquamarine International LLC.

Thank you

A handwritten signature in black ink, reading "Raul Ramirez Dovale", with a horizontal line underneath.

Raul Ramirez Dovale MGR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2015

RAUL RAMIREZ-DOVALE  
5030 SW 149 PL  
MIAMI, FL 33185

SUBJECT: AQUAMARINE INTERNATIONAL LLC  
Ref. Number: L12000070042

We have received your document for AQUAMARINE INTERNATIONAL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 615A00007698

RECEIVED  
15 MAY -4 PM 2:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**AQUAMARINE INTERNATIONAL LLLC**

(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 05/23/2012 and assigned Florida document number L 12000070042.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**ATLANTIC LLC**

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)**

N/A

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

N/A

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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 605, 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.*

N/A  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03/16/2013

*Ramirez Doval*

Signature of a member or authorized representative of a member

RAUL RAMIREZ DOVALE MGR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 MAY -4 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA