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AND ASSESS FLORIDA

B. BOSTICK OCT **2 3** 2012

EXAMINER

COVER LETTER

FO: Registration S Division of Co		e e e e e e e e e e e e e e e e e e e			
SUBJECT:		AL INVESTMENT	S, LLC		
	Name of Lim	ited Liability Company			
the each-sed Articles o	I Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Jean Pierre-Paul			
		Name of Person			
	Premier Rea	alty And Investment G	Group Corp.		
		Firm/Company			
		8410 NE 1st Place			
		Address			
		Miami, FL 33138			
		City/State and Zip Code			
	JI	PPaul@JPPREO.com to be used for future annual rep	1	75 73	
			on normanon)	2 OCT 22	<u>-</u> -
for halber information	concerning this matter, please	call:		25 25 25 25 25	o mariner
Jea	an Pierre-Paul	at (954)	330-4062		£1324
Name	of Person	Area Code &	330-4062 Daytime Telephone Number	PM 1:47	1764 are
Enclosed is a check for	the following amount:			A	
<u> </u>	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is o	enclosed) Certified	te of Status &	ed)

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

ATLANTIC GLOBAL INDESTMENTS, LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	a <mark>ny as it now app</mark> Liability Compan	pears on our recor y)	<u>'ds.</u>)		
The Articles of Organization for this Limited Liability Company Fiorida document numberL12000119164	y were filed on _	Septem Per 1	8,2012 an	d assig	ned
his quantiment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	<u>bility company</u>	<u>here</u> :			
The new name must be distinguishable and end with the words "Lin"L.L.C"	nited Liability Co	mpany," the design	ation "LLC" or	the abl	breviatio
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)				- 	
				<u>CT 2</u>	1 1
Enter new mailing address, if applicable:				2 PH	4 4
(Mailing address MAY BE A POST OFFICE BOX)			CONT.	-1-7	
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		on our records,	enter the na	me of	the nev
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida str	reet address		
			ida		
	City	, 17101		Code	

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

that I, we capt 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 men ling 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 Type of Action <u>Name</u> Address Title NoltairetBrice Etou Obami MGRM ☑ Add 8410 NE 1ST PLACE Remove MIAMI_FL_33138___ ☐ Add Remove Remove Add ∏Add Remove \square Add Remove (2). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 1/5 2012 Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00