## L13 0000 50062

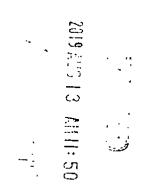
| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| (Only Ottalion Elph Hollow)             |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| (Document Number)                       |
| ,                                       |
| Cartifical Carrier                      |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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R. WHITE AUG 2 0 2019

## **COVER LETTER**

| ТО:          | Registration Sect<br>Division of Corpo |  | <b>₹</b> *  | •  |
|--------------|--|--|---|--|
| SUBJ         | ЕСТ: <u>А</u> Т                        | TLANTIE PR<br>Name of Lim                    | POPETATE CONEL  | FREE LUC   |
| The er       | closed Articles of A                   | mendment and fee(s) are sub                  | mitted for filing.  |  |
| Please       | return all correspond                  | fence concerning this matter                 | to the following:   |  |
|              |  | KEU(   | H P BURKE   |  |
|              |  | ATLAN  | TIE PROPERTY  | CONSTRACT LLC  |
|              |  | 13815 E                                      | HERSON ST<br>Address  | A-106  |
|              |  |  | City/State and Zip Code  A APB 1976 C  to be dised for future annual report notif |  |
| For fu       | ther information con                   | cerning this matter, please ca               | all:  |  |
|              | KEW<br>Name of F                       |  | at ( <u>\$61</u> ) <u>602</u><br>Area Code Daytime                                | Telephone Number   |
| Enclos       | ed is a check for the                  | following amount:                            |   |  |
| <b>Ø</b> \$2 | 5.00 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) |
|              |  | G ADDRESS:                                   | STREET/COURI  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 113 13 Fill: 50

## ATLANTIC REAL ESTATE AND BUILDING COMPANY

company has been notified in writing of this change.

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

| The Afficies of Organization for this Emitted Elability Co   | mipany were rifed on _      |                                  | and assigned       |
|--|-----------------------------|----------------------------------|--------------------|
| Florida document number L13000050062   |                             |                                  |                    |
| This amendment is submitted to amend the following:  |                             |                                  |                    |
| A. If amending name, enter the new name of the limit   | ted liability company       | <u>here</u> :                    |                    |
| ATLANTIC PROPERTY CONCIERGE, LLC   |                             |                                  |                    |
| The new name must be distinguishable and contain the words "Limi   | ted Liability Company." the | designation "LLC" or the abbr    | reviation "L.L.C." |
| Enter new principal offices address, if applicable:  |                             |                                  |                    |
| (Principal office address MUST BE A STREET ADDR.   | ESS)                        |                                  |                    |
|  |                             |                                  |                    |
|  |                             |                                  |                    |
| Enter new mailing address, if applicable:  |                             |                                  |                    |
| (Mailing address MAY BE A POST OFFICE BOX)   |                             |                                  |                    |
| (Stating dates, Statem, ATOST WITTO, DOA)  |                             |                                  |                    |
|  |                             |                                  |                    |
| B. If amending the registered agent and/or regist  | ered office address o       | on our records, enter th         | ne name of the n   |
| registered agent and/or the new registered office addr   |                             | an war recorded <u>circle to</u> |                    |
|  |                             |                                  |                    |
| Name of New Registered Agent:  |                             |                                  |                    |
|  |                             |                                  |                    |
| New Registered Office Address:   | Enter F                     | lorida street address            |                    |
|  |                             |                                  |                    |
|  | City                        | , Florida                        | Zin Code           |
| New Registered Agent's Signature, if changing Registered   | ·                           |                                  | 7.1, 1.5 1.1       |
|  |                             |                                  |                    |
| I hereby accept the appointment as registered agent a  | • • •                       |                                  | • •                |
| provisions of all statutes relative to the proper and co<br>accept the obligations of my position as registered ag |                             | •                                |                    |
| being filed to merely reflect a change in the registered   | •                           | •                                |                    |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being addor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
|              |             |         | Add            |
|              |             |         | □ Remove       |
|              |             |         | Change         |
|              |             |         | □ Add          |
|              |             |         | Remove         |
|              |             |         | ☐ Change       |
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|              |             |         | ☐ Change       |

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|   |                                 |                                |                            |
|   |                                 |                                |                            |
| E. Effective date, if other than the (If an effective date is listed, the date must | date of filing:                 |                                | (optional)                 |
| Note: If the date inserted in this ble document's effective date on the De          | ock does not meet the applicabl |                                |                            |
| If the record specifies a delayed<br>(b) The 90th day after the reco                |                                 | an effective time, at 12:      | 01 a.m. on the earlier of: |
|   | 2010                            |                                |                            |
| AUGUST 7  | 2019                            |                                |                            |
| Dated AUGUST 7  | KRhumbo                         | red representative of a member |                            |

Typed or printed name of signee

Page 3 of 3