115000035646

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

	gistration Sec rision of Corp			
	Atlantic Sou	Custom Traders, LLC		
SUBJECT		Name of Limi	ited Liability Company	.
		amendment and fee(s) are sub		
Please return	a all correspon	dence concerning this matter t	to the following.	
		Rory Biel		
			Name of Person	
		Atlantic Soul Custom Trad	ters, LLC	
			Firm/Company	
		5073 Bridge Rd.		
			Address	
		Cocoa, FL 32927		
			City/State and Zip Code	
		rorybiel@.live.com		
		E-mail address: ()	to be used for future annual report noti	fication)
For further i	nformation co	ncerning this matter, please or	ıll	
Rory Bie!			321 604-2530	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is	a check for the	r following amount.		
□ \$25.00	Filing Fee	Storo Filing Fee & Certificate of Status	S55 00 Filing Fee & Certified Copy (additional copy is enclosed)	S(t) (0) Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. BOX 0527 Fallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cutton Building 2001 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlantic Soul Custom Traders, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on February 20, 2015	and assigned
Florida document number L15000035646		
This amendment is submitted to amend the following:		
A. If amending name, e <u>nter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	nability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		ZOI9 JUL 19 PH L
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		The name of the new
Name of New Registered Agent.		
New Registered Office Address:	Katar Klarida simut address	
	Cire	Zip Code

Naw Dagietarad Agant's Signature if changing Pagistarad Agant:

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. ES. 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ronald Biel	1331 Lake Dr. Cocoa, FL 32922	≅ Add
			□ Remove
			Change
			<u>□ A34</u>
			□ Remove
			□ Change
			EL VIII
			Remove
			☐ Change
			□ Remove
			LI Change
			Add
			🖸 Remove
			Change
			□ Remove
			U Change

			
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ective date, if other than the effective date is listed, the date meter. If the date inserted in this becoment's effective date on the becomes	block does not meet the applica	o date of filing or more than 9 ble statutory filing require	(optional) 0 days after filing.) Pursuant to 605.0 ments, this date will not be listed
record specifies a delaye The 90th day after the re		an effective time, at	12:01 a.m. on the earlier
ted	2019	_ ·	
Day Bill			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00