L150000 84549

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COVER LETTER

TO: Registration Se			
ATLANTIC SUBJECT:	C GENERAL LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Irvin D Zelaya		
		Name of Person	
	ATLANTIC GENERAL L	LC	
		Firm/Company	
	6762 NW 182 ST # 102		
		Address	
	Miami FL 33015		
		City/State and Zip Code	
	idzelaya@hotmail.com E-mail address: (i	to be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	· ·	
Irvin D Zelaya		786 344-5149	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
S25,00 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

ATLANTIC GENERAL LL				
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liabili Florida document number <u>L15000084549</u>	ty Company were filed on May, 13, 2015		and ass	igned
This amendment is submitted to amend the following	o. n.			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and contain the words.	Limited Liability Company," the designation "LLC" or	r the abbrevi	ation "Ll	c."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	ODRESS)	1,1 ₁	~	
		100	Turk	шэгрэц
			تين بر <u>توليا</u>	
Enter new mailing address, if applicable:		설겆	υ1	i
(Mailing address MAY BE A POST OFFICE BOX		- 9F	<u>"</u>	
		STATE	Ÿ	O
			5	2
B. If amending the registered agent and/or registered agent and/or the new registered office a			nāme (of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Floric			
	City	Z	ip 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.

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>	Address	Type of Action
MGR	Irvin D Zelaya	6762 NW 182 St # 102	
		Miami FL 33015	□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
	•		Change
			□ Add
			Remove
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e: If the date insert	rted in this block does date on the Departmer	not meet the applicab	le statutory filing rec	uirements, this d	ate will not	be listed a
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Filing Fee: \$25.00