L15000106903

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COVER LETTER

TO:	Registration Se Division of Cor			•
cup u		pperty Management Services L	LC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Robert Stolpmann		
		 	Name of Person	· · · · · · · · · · · · · · · · · · ·
		Atlantis Property Manager	nent Services LLC	
			Firm/Company	
		3412 S Atlantic Ave		
			Address	· · · · · · · · · · · · · · · · · · ·
		Daytona Beach Shores FL	32118	
			City/State and Zip Code	
		stolpmannr@me/com		
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Rober	t Stolpmann		386 2129119 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	ne following amount:		
□ \$ 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)

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

TO ARTICLES OF ORGANIZATION OF

FILED 2015 OCT-6 PM 12: 29 Atlantis Management Property Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 6/18/2015 The Articles of Organization for this Limited Liability Company were filed on and assigned/ \hat{U}/a L15000106903 Florida document number This amendment is submitted to amend the following: 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 the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Robert Stolpmann Name of New Registered Agent: 3412 S Atlantic Ave New Registered Office Address: Enter Florida street address

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.

Daytona Beach Shores

Robert Stefan_____
If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALLEY, VIRGINIA A		Add
		3412 S Atlantic Ave DBS, FL 3211	L Add
			■ Remove
			☐ Change
			☐ Remove
			Remove
			HANSON I
			HASSIE, FLORIDE Remove
			Remove
			Change
			□ Add
			☐ Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and s block does not t	d cannot be prior to meet the applicab	le statutory filing requ	(optional) in 90 days after filing.) irements, this date	Pursuant to 605.0207 (3 will not be listed as th
the record specifies a dela) The 90th day after the			an effective time,	at 12:01 a.m. (on the earlier of:
September 29		2015			
Dated	t Sty	Man-	eed representative of a m	ember	
Dakes Otalasa	Signature of a	member or authoriz	eo representative of a m	iember	
Robert Stolpmann	·	Typed or printed	name of cianes		
		Typed or printed	name of signee		

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Filing Fee: \$25.00