

L150000138274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

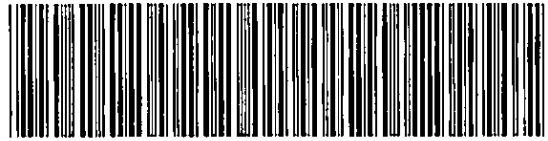
(Business Entity Name)

(Document Number)

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SECURITY OF STATE
DIVISION OF CORPORATIONS
18 JUL 11 AM 8:30

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JUL 13 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Atlas Expediting LLC. DBA ACM Design & Build

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marci Uricola

Name of Person

Atlas Expediting LLC

Firm/Company

8004 NW 154th ST Ste: 110

Address

Miami Lakes, FL 33016

City/State and Zip Code

marci@acmbuilds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marci Uricola

954

245-9390

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

Atlas Expediting LLC

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

The Articles of Organization for this Limited Liability Company were filed on August 13th, 2015 and assigned
Florida document number L15000138274.

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)

7800 NW 37th Ave

Miami, FL 33147

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7800 NW 37th Ave

Miami, FL 33147

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

Name of New Registered Agent: _____

New Registered Office Address: _____

7800 NW 37th Ave

Enter Florida street address

Miami

Florida 33147

City

Zip 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ric Feinberg	7800 NW 37th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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18 JUL 11 AM 8:30

18 JUL 11 AM 8:30

Office of Chief
Secretary of State
Division of Organization

7/10/2018

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____.

[Handwritten signature]

Signature of a member or authorized representative of a member

Mare: UZICOLA

Typed or printed name of signee