L15000 2/1235

(Requestor's Name)	
	Address)	
(Address)	
(City/State/Zip/Phone #)	
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	Business Entity Name)	
(Document Number)		
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Amend

JUN 28 2019
I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Atlantic Finanual Group, UC 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:	
Caigin Li Name of Person	
• • • • • • • • • • • • • • • • • • • •	
Atlantic Financial Erroup, LC	
979/ (akeview Lr	
parkland, FL, 33076 City/State and Zip Code C96548 @ 9 movil.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Caigin Li at (651) 366 - 7356 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. \$\Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$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 Financial Gro		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears or Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.15000.211.335.	were filed on	21112015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		5.3
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		279 I
B. If amending the registered agent and/or registered o		er records, enter the name of the new
registered agent and/or the new registered office address her	<u>'e</u> :	:
Name of New Pagistary Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	The standard Haran
	Enter 1 tortale	areer address
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	7.47 C.O.C.
· · · · · · · · · · · · · · · · · · ·	-	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Cha _l	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
resident	. <u>Caigin</u> Li	; 979/ Lakeview Ln., parkland, FL, 3307:	} _bdd
		parkland, FL, 3307	<u> </u>
			Change
			
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			Change
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	N
(If an ei <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	06/08 / 2019.
	Signature of a member or authorized representative of a member
	Caigin Li

Page 3 of 3

Filing Fee: \$25.00