

U6000033624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

611

Office Use Only



800282631038

02/23/16--01006--030 **25.00

16 FEB 29 PM 1:51

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 16 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
2016 MAR 16 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 4, 2016

COREY J INGUI
12744 MEADOWBREEZE DRIVE
WELLINGTON, FL 33414

SUBJECT: ATLANTIC 1 LLC
Ref. Number: L16000033624

We have received your document for ATLANTIC 1 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 616A00004576

16 FEB 29 PM 1:51

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Have signed
Thank you!
Corey*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC 1 LLC
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:

COREY J INGLU
Name of Person
ATLANTIC 1 LLC
Firm/Company
12744 MEADOWBREEZE DR.
Address
Wellington FL 33414
City/State and Zip Code

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 29 PM 1:51

For further information concerning this matter, please call:

COREY J INGLU at (561) 644-4535
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

ATLANTIC 1 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 2/17/16 and assigned
Florida document number L16000033624

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 "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:

Name of New Registered Agent:

CORRY S Ingui

New Registered Office Address:

12744 Meadowbreeze Dr.

Enter Florida street address

Wellington

City

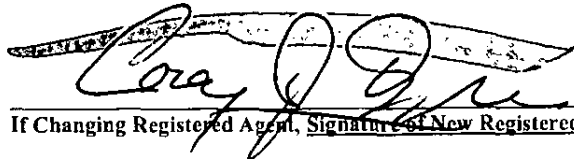
Florida

33414

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


D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 29 PM 1:51

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 2/23/2016



Signature of a member or authorized representative of a member

CORRY JAMES INGULLI

Typed or printed name of signee