

L 16 0000 33624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

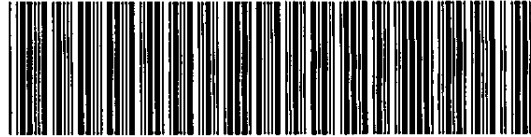
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Signature] 4/12/16

1/4

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 INGUI
Name of Person
ATLANTIC 1 LLC
Firm/Company
12744 MEADOWBREEZE DRIVE
Address
WELLINGTON FL 33414
City/State and Zip Code
MAILBOX.COREY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COREY INGUI 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)

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2/19

The Articles of Organization for this Limited Liability Company were filed on 2-29-16 and assigned
Florida document number C16 0000 33624

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:

Name of New Registered Agent:

THOMAS GAIN

New Registered Office Address:

7950 NW 53rd ST

Enter Florida street address

MIAMI

City

Florida

33166

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.

Thomas Gain

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
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XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	<input type="checkbox"/> Change
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MGR	COREY INGLIS	12744 Meadowbreeze Dr.	<input type="checkbox"/> Add
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		Wellington FL	<input type="checkbox"/> Remove
		33414	<input checked="" type="checkbox"/> Change

			<input type="checkbox"/> Add
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4/4.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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)

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.

4/12/2016
 Signature of a member or authorized representative of a member
 COREY INGUI
 Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA