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DIVISION OF COMPONATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ATLANTIS SALT CAVE LLC. Name of Limited Liability Company
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:
Douglas Rosenbaum Name of Person
ATLANTIS SALT CAVELLE
9184 GLADES RD.
Audicas
BOCA RATON FLORIDA 33434 City/State and Zip Code Castledog Chotmail. Com E-mail address: (16 be used for future annual report notification)
Castle dog Photmail com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Douglas Name of Person at (954) 734 - 5983 Area Code Daytime Telephone Number
The Code Trayline Telephine Talling
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Regis.ration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HILANIS	SHLI C		<u> </u>	
(Name of the Limited	Liability Compan	v as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number This amendment is submitted to amend the follow A. If amending name, enter the new name of the new name must be distinguishable and contain the wood	bility Company v wing: the limited liabil	were filed on ity company here:		17 and 27 AH 8: 56
The new name must be distinguishable and contain the wol	rus Elimica Ciabini	y Company, the design	ation LLC of the abor	eviation E.E.C.
Enter new principal offices address, if application	ble:	9184 64	ATJES RD	
(Principal office address MUST BE A STREET	'ADDRESS)	BOCA R	aton Fl.	33434
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	9184 GL BOCA PA	ADES RD.	33434
B. If amending the registered agent and/or registered agent and/or the new registered offi			r records, <u>enter th</u>	ne name of the ne
Name of New Registered Agent: New Registered Office Address: Poca Paton City: Douglas E. Posenbaum 9184 GLADES RD: Enter Florida street address Zip Code				
	Koca Ka-	Ciù. 401	Florida <u></u>	54 54 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

Title Name Address Type of Action

AMBR Douglas E, Rosenbaum 6720 NW 4442 way Add

Coconnt Creek Fl. 33673 Remove

Change

Change

Change

Change

Change

Change

Change

Address Type of Action

 	 至 Add [/]
	Remove
	 Change
	 Remove
	 Change
 	 Add
	☐ Remove

☐ Change

Adding	Douglas	Rosenboum	AS	<u> A</u>	LLC.	MEMBER	50
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