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JUL 18 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co				
		ited Liability Company	-J	
	`Amendment and fee(s) are sub	_		
Please return all correspondence	ondence concerning this matter	to the following:		
	T.R. Smith			
		Name of Person		
	Mackey Law Group, P.A.			→ ₹2
		Firm/Company		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	1402 Third Ave. W.			16 JUL 15 PH 1:41
		Address		2
	Bradenton, FL 34205			PH 1: 41
	tsmith@mackeylaw.com	City/State and Zip Code	·	5 5
	E-mail address: (to be used for future annual report n	otification)	
For further information of	concerning this matter, please ca	all:		
T.R. Smith		941 746-6225 at ()		
Name o	of Person		ime Telephone Number	
Enclosed is a check for t	he 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 Certificate of Certified Co (additional co)	of Status &
	JNG ADDRESS:	STREET/COU Registration Sec	RIER ADDRESS:	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Atlantic Marine Tropicals, LLC (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000104067}{L16000104067}$.	were filed on May 27, 2016	and assigned
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on May 27, 2016 and assigned rida document number L16000104067 If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC." The re new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) The re new mailing address, if applicable: Incipal office address MUST BE A STREET ADDRESS) The re new mailing address, if applicable: Incipal office address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new istered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
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	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5386 Gulf Drive, Suite 103	TALL SE
(Principal office address MUST BE A STREET ADDRESS)	Holmes Beach, FL 34217	JE
		- 57 T
Enter new mailing address, if applicable:	5386 Gulf Drive, Suite 103	PH TOP
(Mailing address MAY BE A POST OFFICE BOX)	Holmes Beach, FL 34217	- 3
registered agent and/or the new registered office address her		r the name of the nev
New Registered Office Address:	Enter Florida street address	
	, Florida _	
New Desistant Accepts Company of Secretary Designation	Ciţv	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Pete Dospel	5386 Gulf Drive, Suite 103	
		Holmes Beach, FL 34217	□ Remove
			☐ Change
			□ Remove
			☐ Change
			D-Remove:
			Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change

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				* Name of the state of the stat		
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If an effective date Note: If the date	if other than the date is listed, the date must be see inserted in this block of tive date on the Depart	specific and cannot be does not meet the a	ipplicable statuto	ling or more than 90 ((optional) days after filing.) Pur ents, this date will	suant to 605.02 not be listed
ne record spe The 90th da	cifies a delayed eff ly after the record	ective date, buis filed.	it not an effe	ctive time, at 1	.2:01 a.m. on t	he earlier
Dated		, 2016	·			
		717//2/				
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