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COVER LETTER

Division of C	or porations			
Atlantis SUBJECT:	Marine Construction and Ma	intenance LLC		
	Name of Li	mited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
	Sandra M. Castilla			
		Name of Person		
	Atlantis Marine Constru	uction and Maintenance LLC		
	Firm/Company			
	9030 S.W. 125th Ave, A	Apt# 201		
		Address		
	Miami, FL 33186			
		City/State and Zip Code		
	atlantismarine18@gmail			
	E-mail address:	(to be used for future annual report notif	lication)	
For further information	concerning this matter, please of	all:		
Sandra Castilla		786 4584142 at ()		
Name of Person Area Code Daytime Telephone Number		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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

Atlantis Marine Construction and Maintenance 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 01/29/2018 and assigned Florida document number L18000024750 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 "LLC." 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: New Registered Office Address: Enter Florida street address , Florida _ City 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

<u>Title</u>	Name	Address	Type of Action
MGR	David L Muchnick	9030 S.W. 125th Ave	■ Add
		Apt# 201	□ Remove
		Miami, FL 33186	Change
			Remove
			D.Change
		-	SECRETARY -6
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fective date, if other than the sum effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date of filing ck does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
record specifies a delayed The 90th day after the reco	effective date, but not an effect ord is filed.	tive time, at 12:01 a.m. on the earlier o
ted August 3	2018	
	Signature of a member or authorized represen	stative of a member

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Filing Fee: \$25.00