## L18000065077

(Re	questor's Name)	
(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Division of Corp	oorations			
SUBJECT:	ATLANTIC CONST Name of Limi	BRANDS LLC ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspor	ndence concerning this matter t	o the following:		
		RIE N. SINK Name of Person  TIC COAST BRANDS Firm/Company	5	
	265 Wol	Address  //LLE FL 32259  City/State and Zip Code		70:3 APR 1-7
		DATLANTIC COAST BRANDO be used for future annual report notifice	ation)	B
For further information co	incerning this matter, please ca	H:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
CORIE Name of	Di All'i Person	at (904) 535 . Area Code Daytime T	2029 Telephone Number	7
Enclosed is a check for the	e 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 enclose	
Mailing Address		Street Address:	0.0	

TO:

Registration Section

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) mited Liability Company)		
	•		
		d	
Torida document number <u>L18 0000 6507</u>	7		
The Articles of Organization for this Limited Liability Company were filed onMARCH12			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limite		•	
Production of the back of the second of the second	<u> </u>		
Enter new principal offices address, it applicable:			
<u>Principal office address MUST BE A STREET ADDRE</u>	<u>cs)</u> — — — — — — — — — — — — — — — — — — —	•	
		: :	
Inter new mailing address, if applicable:		٠	
Mauing agaress MAY BE A POST OF FICE BOX	<del></del>		
B. If amending the registered agent and/or registered (	ffice address on our records, enter the name of the new req	ziste	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
New Registered Office Address.			
New Registered Office Address.	, Florida		

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>	<u>Name</u>	Address	Type of Action
MGR	TERESA N. SINK	265 W: RTHINGTON PKWY JACKSONVILLE, FL 32259	tand
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<del></del>			□Add
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Filing Fee: \$25.00