L18000093409

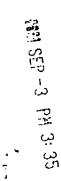
(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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The

COVER LETTER

TO: Registration So Division of Con		
	S HOLDINGS, LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	BINOY PATEL	
		Name of Person
	ATLANTIS HOLDINGS,	LLC
		Firm/Company
	4907 SOUTH US 1	
		Address
	FORT PIERCE, FL 34950	
		City/State and Zip Code
	CAMELOTLAUNDRIES@	
For further information of	t-mail address: (concerning this matter, please c	to be used for future annual report notification)
BINOY PATEL		772 466-9694
Name o	of Person	at ()Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration	— —	Street Address: Registration Section
Division of C	•	Division of Corporations
P.O. Box 632 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLANTIS HOLDINGS, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our recor Limited Liability Company)	<u>'(ls.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 04/13/2018	and assigned
Florida document number L18000093409	<u>—</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u></u>	
		-4. -1.3 -4.
Enter new mailing address, if applicable:		SEP
(Mailing address MAY BE A POST OFFICE BOX)		
		PY
B. If amending the registered agent and/or registered	l office address on our records, <u>ente</u>	r the name of the new regist
agent and/or the new registered office address here:		`,¥•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	, F	Torida
	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 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	PANKAJKUMAR PATEL	1471-B CAPTAINS WALK	□Add
		FORT PIERCE, FL 34950	≡ Remove
			□ Change
MGR BINOY PATEL	1471-B CAPTAINS WALK	Add	
		FORT PIERCE, FL 34950	□Remove
			□ Change
			□Add
			
			—————————————————————————————————————
			DAdd
			. ⇔
			□ Change
			□Add □Remove
			□ Add
			□Remove
			□Change

	Bingy Patel	esentative of a member
ed AUGUST 26		
cord specifies a delayed effective s s filed.	date, but not an effective time, at 129	01 a.m. on the earlier of: (b) The 90th day after th
ective date, if other than the d effective date is listed, the date must be: If the date inserted in this bloc ument's effective date on the Dep	k does not meet the applicable statut	(optional) iling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed:
_		
	-	
		SEP