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SECRETARY OF STATE OF

COVER LETTER

	egistration Se ivision of Cor					
SUBJECT	Atlantic Vil	llage 3, LLC				
SOBJECT	•	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub-				
Please retu	rn all correspo	Gary Ian Nesbitt, Esq.	to the following:			
		Phillips, Cantor & Shalek,	Name of Person P.A.		18 SECH TALLA	
		4000 Hollywood Boulevard	Firm/Company d, Suite 500-N		DCT 15 GETARY O AHASSEE	
		Hollywood, Florida 33021	Address		PN 5: 36 F STATE FLORIDA	C
		ginesbitt@outlook.com	City/State and Zip Code to be used for future annual report notif	[ontion]	() 41.	
For further	information c	oncerning this matter, please ca		ication)		
Gary lan N	Nesbitt, Esq.		954 966-1820 at ()			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed i	s a check for th	he following amount:				
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	21411	INC ADDDESS.	etdeet/coudi	FD ADDDESS:		

MAILING ADDRESS:

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

Atlantic Village 3, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000158937}{L18000158937}$.	were filed on June 28, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	801 N. Federal Highway	
Principal office address MUST BE A STREET ADDRESS)	Suite 221	
	Hallandale Beach, Florida 33009	
Enter new mailing address, if applicable:	801 N. Federal Highway	FIER Allassi
Mailing address MAY BE A POST OFFICE BOX)	Suite 221	
	Hallandale Beach, Florida 33009	<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the name of the
Name of New Registered Agent: NA		- 41
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>	<u>Name</u>	Address	Type of Action
MGR	Elias Benaim	801 N. Federal Highway	
		Suite 221	
		4 H 1 1 N 1 H 22000	Remove
		Hallandale Beach, Florida 33009	Change
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