L19000036278

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^C Kiuze,

COVER LETTER

	Name of Lim	ited Liability Company	
he enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Leland Wilson		
		Name of Person	. .
	McCullough Legal Service	es	
		Firm/Company	<u> </u>
	5237 Summerlin Common	is Blvd, Suite 214	
		Address	
	Fort Myers, FL 33907		
		City/State and Zip Code	
	info@atlanticpremierllc.com		
	E-mail address: (to be used for future annual report notif	ication)
or further information of	concerning this matter, please c	all:	
.eland Witson		239 331-4333 at ()	
Name (of Person	Area Code Daytime	: 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 radditional copy is enclose

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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 PREMIER REALTY (Name of the Limited)	<u>, LLC</u> <mark>Liability Compa:</mark> Florida Limited L	ny as it now appears on our liability Company)	records.)			
The Articles of Organization for this Limited Lia Florida document number L19000026278	bility Company	were filed on $\frac{01/24/2019}{}$		aı	nd ass	igned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabi	ility company here:				
he new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designation	"LLC" or the	abbreviati	on "L.	iC."
Inter new principal offices address, if applical	ble:	17231 Camelot Ct # 100		20	2	
Principal office address MUST BE A STREET		Land O' Lakes, Florida 3	4638	بدأ حتم	AON B	
	-		····	AS)! 	<u> </u>
Enter new mailing address, if applicable:		17231 Camelot Ct # 100		SEE TO	 	LED
Mailing address MAY BE A POST OFFICE BOX)		Land O' Lakes, Florida 3	-1638		P: 35	
. If amending the registered agent and/o			cords, ente	r the n	ame	of the
Name of New Registered Agent:	Madeline Villa			-		
New Registered Office Address:	17231 Camelot	Ct # 100				
-		Enter Florida street	address			
	Land O' Lakes		_, Florida 🖁	14638		
		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.

Madeline Villa
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>	<u>Address</u>	Type of Action
MGR	Alison Blair (Title- Member Manager)	17231 Camelot Ct # 100 Land O Lakes, Florida 34638	Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Remove
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

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Note: If	te date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated _	October ⊠ 1 . 2019 .
	Madeline Villa Signature of a member or authorized representative of a member
	Madeline Villa
	Typed or printed name of signee

D.

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Filing Fee: \$25.00