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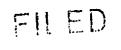
COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Atlant	ic Acceptance Ir	Nestments LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Jason Ra	dford Name of Person	
		Firm/Company	
	3515 Village	Blvd. Unit 206	
	West-Palm T	Seach FL 33409 City/State and Zip Code	<u> </u>
	radfordiasoni	© ICloud, com o be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	ill:	
Jason Radf Name of	Ord Person	at (<u>561</u>) <u>291-54</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

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

Street Address: 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



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Atlantic Acceptance In	vestments	LLC SECI	REJARY OF STATE	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears o ability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company v Florida document number LZ1000345298	vere filed on <u>Jul</u>	y 30, 2021	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil. LLC The new name must be distinguishable and contain the words "Limited Liability".			abbreviation "L.L.C."	_
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)				_
[Maning mainess MAT BE A 1031 OFFICE BOX]				_
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our reco	ords, <u>enter the na</u>	ame of the new regis	<u>iterec</u>
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida	street address		_
		Florida	Zip Code	
	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 cap	pacity, I further i	agree to comply wit	n 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
$\Delta MRR =$	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
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			□Change
			□Add
			□Remove
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					,	
						
						
						
f other than the s listed, the date mus- inserted in this blo tive date on the De	ock does not m	eet the applica	able statutory	or more than 90 filing requiren	(optional) days after filing, nents, this date) .) Pursuant to 605.02 s will not be listed
a delayed effective	e date, but not a	an effective ti	me, at 12:01 a	t.m. on the ear	lier of: (b) Th	ne 90th day after th
per 4	·	2021	·	n		
		1	216			
	Signature of a m	pentiter or author		tative of a memb	oet	
	L	/ _	U			
	ver 4	ver 4	ver 4 . 2021	ver 4 2021	ver 4 2021	Signature of a member or authorized epresentative of a member

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Filing Fee: \$25.00