# L21000419464

(Red	uestor's Name)
(Add	ress)
(Add	iress)
(City	/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bus	iness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling PROE
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	Office Use Only



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2021 DEC -2 PM 8: 42
SECRETARY OF STATE



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2021

RONNIE MONROE 478 RIVER SQUARE LN ORMOND BEACH, FL 32174 US

SUBJECT: ATLANTIC EDGE REALTY, LLC

Ref. Number: L21000419464

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 521A00025960

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

### COVER LETTER

IO: Regis					
Divisi	ion of C	orporations			
		IC EDGE REALTY, LLC			
SUBJECT: _			<del></del> _		
	Nai	ne of Florida Limited Par	rtnership or Limited I	Liability	/ Limited Partnership
		cate of Amendment a			
Please return	all corre	espondence concernit	ng this matter to:		
RONNIE MON	ROE				
ATLANTIC ED	GE REA	Contact Person LTY, LLC		-	
478 RIVER SQ	UARE LI	Firm/Company N		-	
Ormond Beach,	FL 3217-	Address		•	
RONMONROI		ity, State and Zip Code GMAIL.COM		-	
E-mail add	dress: (to	be used for future annual	report notification)	-	
For further in	ıformati	on concerning this ma	atter, please call:		
RONNIE MON	ROE		407	437-5	140
Name	of Contac	et Person	at ( Area Code ar	d Dayt	ime Telephone Number
Enclosed is a	check f	or the following amo	unt:		
<b>S</b> 52.50 Filing	g Fee	☐\$61.25 Filing Fee and Certificate of Status			S113.75 Filing Fee. Certified Copy, and Certificate of Status
Mailing Add	ress:		Street .	Addre	ess:
Registration :					Section
Division of C		ions			Corporations
P.O. Box 632					f Tallahassee
Tallahassee. 1	FL 3231	4			roe Street, Suite 810
			Tallaha	issee,	FL 32303

## **COVER LETTER**

TO: Registration Section Division of Corporation				
SUBJECT:	Hantic Ede	d Liability Company	,LLC	
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter t	o the following:		
	Rannie /	Name of Person	<b>-</b> 7:	<del></del>
	Atlantic Palg	e really, U. Firm/Company	<u> </u>	
	478 River Squ	urre Lane, Or Address	mod Beach	£132174
	<del></del> -	City/State and Zip Coo	de	
_!	Componer 05.	280gma.l.(	al report notification)	
For further information conce	erning this matter, please ca	ll:		
Runnic N Name of Per	10nral	at ( <u>407</u> ) Area Code	437-514 Daytime Telepho	ne Number
Enclosed is a check for the fo				
□ \$25.00 Filing Fee 〔	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street	Address:	

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

FILED 2021 DEC -2 PM 8: 42

Atlantic Edge T	Coalti, CCC	SECRETARY OF STATE
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2100419464</u> .	vere filed on $\frac{9/22/z}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ry Company," the designation "LLC" or the a	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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nai	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<del></del>	•
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further a	gree 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>	Name	Address	Type of Action
MGR	Runnie Monrae	478 River Square Carl Ormand Braich, Fl. 32174	EAdd
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			□ Change
			🗆 Add
			□Remove
			□ Change
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<del></del>			□Add
			□Remove
			□Change

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effective date : e: If the date	if other than the date not inserted in this stive date on the	nust be specifi block does i	e and canno not meet th	ie applicable	nte of filing or statutory fil	more than 9 ing require	(option 0 days after fi ements, this o	ling.) Pu	suant to 605.02 not be listed
cord specifies filed.	a delayed effec	tive date, bu	t not an ef	fective time,	at 12:01 a.n	n, on the ea	rlier of: (b)	The 90	th day after th
ed	24/21		<del>-</del> · -						
	,	Signature	<u> </u>	er or authorize	d representati	ve of a men	ıber		<del></del>
		Zonnie							

Filing Fee: \$25.00