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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

Division of Cor			
SUBJECT: Atlantic M	anufacturing and Logistics LLC	2	•
		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:	
	David Shaw		
		Name of Person	
	Atlantic Manufacturing an		
		Firm/Company	
	150 E Palmetto Park rd su		
	Atlantic Manufacturing and Logistics LLC Firm/Company 150 F. Palmetto Park rd suite 800 Address Boca Raton, FL 33432 City/State and Zip Code davidshaw1965@yahoo.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: at (561		
	Boca Raton, FL 33432		
		City/State and Zip Code	
	davidshaw1965@yahoo.com	n to be used for future annual report notif	ication)
For further information c		·	
David Shaw		at (561) 3023436	
Name o	f Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee			

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

FILED

2022 APR 11 AM 6: 21

SECRETARY OF STATE TALLAHASSEE, FL

Atlantic Manufacturing and Logistics, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company were filed on Feb 3, 2022	and assigned
Florida document number <u>L22000058408</u>	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	n"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address I	istered office address on our records, ghere:	enter the name of the new register
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
New Registered Office Address:		
	Enter Florida street	address
	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	Corey Cole	150 E Palmetto Park rd	□Add
		Suite 800	■Remove
		Boca Raton, FL 33432	☐ Change
MGR	Raphael Baruch	19355 Turnberry Way	= Add
		ТНІ	Remove
		Aventura, FL 33180	□Change
			
		 	□Remove
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			🗀 Add
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		<u> </u>	Change
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