Laa000 23 1057

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to		
•	J. HORNE	
ſ	DEC - 9 2024	





700439545397

11/13/24--01018--015 **25.00



COVER LETTER

	ration Section n of Corporations	
SUBJECT:	ATLANTIC BADFE GARUP LLC Name of Limited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Livela Votrubora	
	Firm/Company	
	459 Walls Way	
	Offry Fr 34 209 City/State and Zip Code Linda. Votrubo va O icloud. com E-mail address: (to be used for future annual report notification)	
For further infor	nation concerning this matter, please call:	
<u>di</u> u	Name of Person at (941) 840 3188 Area Code Daytime Telephone Number	
Enclosed is a che	eck for the following amount:	
\$25.00 Filin	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enc	us &

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

(OF	FILE
ATLANTIC BUDGE (Name of the Limited Liability Comp (A Florida Limited	GROYP sany as it now appea (Liability Company)	2024 HOV 13 PM 5: 14
The Articles of Organization for this Limited Liability Company Florida document number $\frac{22000231057}{2}$	y were filed on	05 17 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company ho	<u>ere</u> :
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		esignation "L.C." or the abbreviation "L.L.C." 1 alwe St., Sin te C 50ta Florida 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida 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 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
AYIDR	Riana Kodat	5135 55th St Cirw	□Add
		5135 55th St Cirw Zbradenton JE 34210	Skemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

_	
-	
	
If an effecti Note: If	date, if other than the date of filing:
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	11-5-2024
	Signature of a member or authorized representative of a member
	Linda Votrubora/ hunshine onvest 4c