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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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4/13/23 VILL



### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Atlantic Name of Lin	Recruiting 2 ited Liability Company	LC_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Parid Willink Name of Person	
		Firm/Company	
	6	24 LAnd Shav	E Blvd.
	DA	24 LAND Shav Address Y JMA Beach 1 City/State and Zip Code	FL 52124
	david E-mail address: (	@ebox99. Co. to be used for future annual report not	fication)
For further information c	oncerning this matter, please c		
DAUK Name o	d Willink	at ( 386 ) 53 Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$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 (additional copy is enclosed)
Mailing Address		Saa 4.4.	

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

(Name of the Limited	NIC Re Liability Company Florida Limited Lia	as it now appears on	our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L 230000 5</u>		ere filed on	1/30/23	and assigne	∙d
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the Atlantic II.  The new name must be distinguishable and contain the work			LLC ation "LLC" or the	abbreviation "L.L.C."	•
Enter new principal offices address, if applicab	ole:			2023 SE	
(Principal office address MUST BE A STREET.	ADDRESS)		<del></del>	FEB.	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>			ARY OF STATI	LED
B. If amending the registered agent and/or reg agent and/or the new registered office address l		dress on our record	ds, <u>enter the na</u>	me of the new reg	 zisterec
Name of New Registered Agent:				<del>-</del> -	
New Registered Office Address:		Enter Florida st	reet address	·· ·	
		Date   Rolling			
		City	Florida _	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 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>	Address	Type of Action
AR	David Willink	Day tong Beach, FC 32124	<b>X</b> \dd
		Day tong Beach, 72 32129	□Remove
			□Change
			🗆 Add
			□Remove
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# Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
the red ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	,
	David M. Williak
	Signature of a member or authorized representative of a member
	DAVID M WILLINK
	Though as societal pages of high and

Filing Fee: \$25.00