19900001755

(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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FLORIDA DEPARTMENT OF STATE Division of Corporations

Mày 22, 2018

ALVARO ORTEGA 2ND REQUEST 8208 NW 30TH TERRACE MIAMI, FL 33122

SUBJECT: ATLANTIC BEARING SERVICES, L.C.

Ref. Number: L99000001755

We have received your document for ATLANTIC BEARING SERVICES, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FL LLC. 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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00009071

RUNII PHIZE

COVER LETTER

Division of Corp	orations		
SUBJECT: 4+	Name of Limit	EARING SERV	ices, LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Alvaro	O RT-RSA Name of Person	
	Atlantic I	BLARING SERVI	ce, LLC
	8208 NO	W 30 TERR	**
	MiAmi	FL 33127 City/State and Zip Code	
	Alva Ro - OR + 6 E-mail address: (1)	294@Atlante-be	earing. com
For further information co	ncerning this matter, please ca	all:	لد! ك
Alvaro O Name of	Ret 3/4	at (<u>307</u>) <u>592</u> Area Code Daytime T	- 4404 Celephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Fiting Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlantic BOADING CORVING IC.

(Name of the Limited Liability Company as it flow appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{ARC}{L9900001755}$	1999 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Atlantic Beaking Services LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	n "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	-
	-5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our re registered agent and/or the new registered office address here:	ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:	
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 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 = M $AMBR = A$	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Remove
			☐ Change
			a
			Remove
			□ Change
			
			D Ramova
			□ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change

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Page 3 of 3

Filing Fee: \$25.00