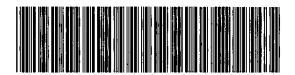
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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		



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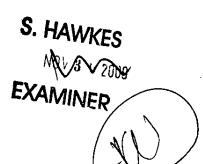
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SECRETARY OF STATE

Office Use Only

S. HAWKES

DEC 2 4 2009

EXAMINER





November 30, 2009

MICHAEL F LONTE 15275 COLLIER BLVD SUITE 201-296 NAPLES, FL 34119

SUBJECT: GREATER ATLANTIC INVESTMENTS, LLC

Ref. Number: M09000002021

We have received your document for GREATER ATLANTIC INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Letter Number: 409A00036639

Suzanne Hawkes Regulatory Specialist II

Division of Compositions DO DOV 6997 Tollohossos Florido 20914

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GREATER ATLANTIC INVESTMENTS, LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MTCHAEL F. (OWTE) Name of Person				
Firm/Company				
15275 COLLITER BLUD SUITE 201-296				
NAPLES, FL 34/19 City/State and Zip Code				
golden gate mike @ gol. (om E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MTCHAEL F. (OWTE at (239) 777-3508 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$25 Filing Fee & Certified Copy				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Com	pany as it now appears on a d Liability Company)	MEWTS, LLC our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number	iny were filed on	28/09 and assigned	
This amendment is submitted to amend the following:		23 P	
A. If amending name, enter the new name of the limited li		TO SEA	
The new name must be distinguishable and end with the words "L.L.C."		*	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15275 (OU NAPLES, FL	IER BLUID, SWITE 201-296	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS	ABOUE	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	City	, Florida Zip Code	
	City	zip Coae	

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title Type of Action **Name Address** DATA M. BROWN 12331 TOWNE LAKEOR, HT Add Remove FORT MY FORE FL 33913 ☐ Add \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00