

NO 8000005629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

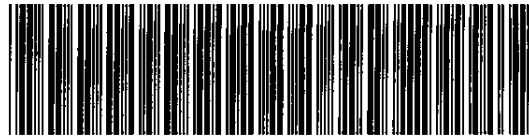
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Howard Seligman chose
NAME By phone -
NA ERA Solutions Inc

Office Use Only



000207933370

10/28/11--01013--013 **52.50

FILED
11 OCT 28 AM 11:28
SECRETARY OF STATE
HALLAMSBEE, FL 32009

NA + AMEND
TRG
10/28

Atlantic Ministries of Florida, Inc.
(Document No. N08000005629)
Howard Seligman Dir.
PO Box 7795
Delray Beach, FL 33482
(732) 397 5348

10/25/11

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attn: Karen Gibson (850 245-6880)

I would like to file for a name change as we talked about on the Phone.

Here are some possible names,

- 1) Atlantic Resources, Inc.
- 2) East Coast Resources, Inc.
- 3) ~~Atlantic Solutions of South FL, Inc.~~
- 4) ~~Atlantic Solutions of Palm Beach, Inc.~~

Check is enclosed for name change.

\$ 52.50 Filing Fee

Certificate of Status

Certified Copy

Additional copy is enclosed

Thanks for your help.
Howard Seligman
Hseligman@yahoo.com
732 397 5348

Howard Seligman Dir.

NU ERA solutions, Inc.

W11-55193



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2011

HOWARD SELIGMAN
ATLANTIC MINISTRIES OF FLORIDA, INC.
PO BOX 7795
DELRAY BEACH, FL 33482

SUBJECT: ATLANTIC MINISTRIES OF FLORIDA, INC.
Ref. Number: N08000005629

We have received your document for ATLANTIC MINISTRIES OF FLORIDA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P09000040171 ATLANTIC SOLUTIONS INC..

PLEASE CHECK ONLY ONE BOX (ADOPTION OF AMENDMENT) ON PAGE 3 OF 3.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 611A00024295

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Atlantic Ministries of Florida, Inc (old name)
Atlantic Solutions of Florida, Inc. (New name)

DOCUMENT NUMBER: N08000005629

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Howard Seligman
Name of Contact Person

Atlantic Ministries of Florida, Inc.
Firm/ Company

P.O. Box 7795
Address

Delray Beach, FL. 33482
City/ State and Zip Code

h1seligman@yahoo.com
E-mail address: (to be used for future annual report notification)

397-5348
732-239

For further information concerning this matter, please call:

Howard Seligman at (732) 397 5348
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

11 OCT 28 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATLANTIC MINISTRIES OF FLORIDA, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

NO8 000005629

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NU ERA SOLUTIONS, Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 7795

DELMAY BEACH, FL 33480

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) _____	_____	_____ _____ _____
2) _____	_____	_____ _____ _____
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

(attach additional sheets, if necessary). (Be specific)

Page 3 of 4

The date of each amendment(s) adoption: 10-18-11

Effective date if applicable: _____
(no more than 90 days after amendment file date)

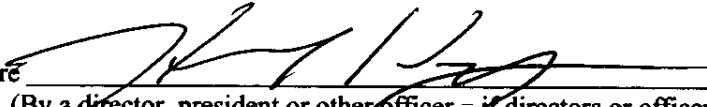
Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10-18-11

Signature


(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Howard Seligman
(Typed or printed name of person signing)

DR1 / DIRECTOR
(Title of person signing)