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Requester's Name
From: NATASHA C WRIGHT (561) 746-7455
BERROCAL & WILKINS, P.A.
801 MAPLEWOOD DRIVE
SUITE 22-A
JUPITER, FL, 33458
City/State/Zip Phone #

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TALLAHASSEE, FLORIDA

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NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☒ Amendment *N/C*
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

ARTICLES OF AMENDMENT
TO
ATLANTIC BILLIARDS, INC.

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TALLAHASSEE, FLORIDA

Pursuant to Florida Statute Section 607.1006, the Articles of Incorporation of the above named Corporation are hereby amended as follows:

ARTICLE I of the Articles of Incorporation is amended to read in its entirety as follows:

ARTICLE I - NAME

The name of the corporation is changed from *Atlantic Billiards, Inc.*, to **Atlantic Billiards Holding, Inc.**

The foregoing Amendment was adopted at a duly called meeting held on July 18, 2002, by the unanimous consent of the Shareholders, Directors and Officers of the Corporation, as authorized by the Florida Business Corporation Act, Sections 607.0821 and 607.0704.

IN WITNESS WHEREOF, **Atlantic Billiards Holding, Inc.**, through its duly authorized officer has executed these Articles of Amendment this 18 day of July, 2002.

Atlantic Billiards Holding, Inc.

By: William C. Walker
William C. Walker, President

ATTEST:

William C. Walker
William C. Walker, Secretary

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing was acknowledged before me this 18 day of July, 2002, by **William C. Walker**, as President and Secretary respectively, of **Atlantic Billiards Holding, Inc.**, a Florida corporation, on behalf of the Corporation, [] who is personally known to me or [X] who provided a Florida driver's license as proof of identity and who did not take an oath.



[SEAL]

Natasha C. Wright
Notary Public, State of Florida
Print Name: _____
My Commission Expires: _____