

L12000018465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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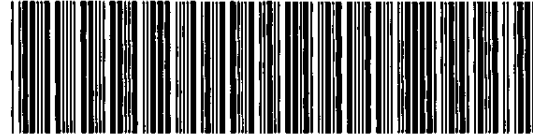
(Business Entity Name)

(Document Number)

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T. CLINE

SEP 18 2012

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ATB Global Group LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Ana T. Belon**  
Name of Person  
**ATB Global Group LLC**  
Firm/Company  
**431 W 31 PL**  
Address  
**Hialeah, Florida 33012**  
City/State and Zip Code  
**belonanat@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ana T. Belon** at ( **305** ) **450-0108**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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:**  
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

FILED  
 2008 SEP 17 09:11:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ATB Global Group LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/07/2012 and assigned  
Florida document number L12000018465.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ATB Global Group LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

Randy Rouco

420 West 31 PL

Hialeah, Florida 33012

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

420 West 31 PL

Hialeah, Florida 33012

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Randy Rouco

New Registered Office Address: 420 West 31 PL

*Enter Florida street address.*

Hialeah

Florida

City

33012

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 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.*

Randy Rouco  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ana T Belon	431 West 31 PL Hialeah, Florida 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Fara J. Blanco	420 West 31 PL Hialeah, Florida 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 17 SEP 17 2011 11:04 AM  
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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Ana T Belon

Typed or printed name of signee