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LARRY A. HARSHMAN, P.A.

A Full Service Law Office

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03 MAY 19 Mann F155176

ULUNETARY OF STATE
TALLAHASSEE, FLORIDA

May 13, 2003

State of Florida Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: ATMA, LLC

Document No.: L02000016224

Dear Division of Corporations:

Attached to this correspondence is an Amendment to Articles of Organization and a Change of Registered Agent form, along with a check in the amount of \$50.00 for filing fees.

Please process these documents as soon as possible and contact my office if you have any questions or if there are any problems.

Thank you in advance for your assistance with this matter.

Sincerely,

Larry A. Harshman, Esq.

Enc: Statement of Change of Registered Agent

Articles of Amendment to Articles of Organization

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 9 AM 9: 25

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the understand limited liability company submits the following statement in order to change its registered office of registered agent, or both, in the State of Florida.

,	-, -,		.,		
1. The name of the limite	d liability compa	any is: ATM	A, LLC		
2. The mailing address of	the limited liab	ility company	is :		
9064 SW 113 AVENUE	E, MIAMI, FLO	RIDA 33176	-1181		
JUNE 27, 2002			L02000016224		
3. Date of filing/registration in Florida			4. Docum	ent number	
5. The name of the register Florida Department of	red agent and th State: CLARA HERI		ffice address as s	shown on the records of the	
	3785 NW 82				
Address MIAMI, FLORIDA 33166 City, State and Zip					
6. The name and address	of the new regist	• ,	•		
	ATTILIO FOR	RESTI			
	9064 SW 113 AVENUE				
Florida street address (P.O. Box NOT acceptable)					
	MIAMI		33176	···	
		City, State an	d Zip		
If the limited liability conconfirmed that after the cland the business office of liability company, it is he the members of the limite the operating agreement of the limited liability concording the liability company, it is here the limited liability company in the liability company in the liability company in the limited liability concording the liability concording t	hange or change the registered agreby confirmed to d liability composite the limited liab	s are made, the gent will be id in the chang any or as othe bility compan	e Florida street a lentical. Or, in the e(s) was/were au rwise provided i	ate of Florida, it is hereby address of the registered office he case of a Florida limited thorized by an affirmative vote of n the articles of organization or	
ATTILIO FORESTI			,		
(Printed or typed name of signee		-			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 508, F.S. Or, if address I hereby confirm	intment as regisins of all statutes ad accept the oblinities document is that the limited	tered agent an relative to the igations of m being filed to lightlity com	id agree to act in proper and com position as region merely reflect a	this capacity. I further agree to aplete performance of my duties, istered agent as provided for in change in the registered office within the months of this change.	

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

(Signature of Registered Agent)