

LOS 000069970



700198729967

03/22/11--01022--016 **25.00

T. CLINE

MAR 23 2011

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 22 AM 10:49

FILED

(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:

Office Use Only

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATM Investments, 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:

Sasha Katz, Esq.
Name of Person
Law Offices of Sasha Katz, PL
Firm/Company
1451 West Cypress Creek Road, S. 300
Address
Fort Lauderdale, FL 33309
City/State and Zip Code
skatz@skatzlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sasha Katz at (954) 3405310
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)

2011 MAR 22 AM 10:49
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 32301-7

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

AMT Investments, 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 9/16/2010 and assigned Florida document number L05000069970 (amd art)

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
2011 MAR 22 AM 10 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGMR	Gonzalo Gomez	1820 North Corporate Lakes Blvd. Suite 207 Weston, FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Pedro Borges	60 S.W. 10TH STREET MIAMI FL 33130 US	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 2, 2011

Sasha Katz as authorized representative of Aquiles Torrealba and Pedro Borges.
Signature of a member or authorized representative of a member

Sasha Katz, Esq.
Typed or printed name of signee

2011 MAR 22 AM 10:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED