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2013 JUN 17 PM 1: 07
SECRETARY OF STATE

JUN 1 7 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SBM Consultants, 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:
Sandra Vallejo
SBM consultants LLC Firm/Company
P.O. Box 180872
Cascelberry FL 32707 City/State and Zip Code
SVALLE DØ 7 @ AOL. 6000 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Valle To at (321) 279 5829 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SBM Consulta	SEE 3 D
SBM CONSULTA (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
(A Frontia Dillinea F	
The Articles of Organization for this Limited Liability Company	were filed on
Florida document number <u>4 Ø 7 0 0 0 0 0 6 6 9 3</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ATLB, LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	<u>.</u>
Enter new mailing address, if applicable:	- VA
(Mailing address MAY BE A POST OFFICE BOX)	
D. If any allow the market and any to the market and a	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	nce address on our records, enter the name of the new
Name of New Registered Agent:	υ/Α
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

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	Tune 12th 2013
	Sanda Volly
	Signature of a member or authorized representative of a member
	SANDRA VALLEJO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

