

L07000039174

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 23 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATM FINANCIAL CONSULTING 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:

REINALDO MORENO

(Name of Person)

ATM FINANCIAL CONSULTING LLC.

(Firm/Company)

4252 N. ORANGE BLOSSOM TRAIL

(Address)

ORLANDO, FLORIDA 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

REINALDO MORENO

(Name of Person)

at (407) 924-4340

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 SEP 22 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 19, 2008

REINALDO MORENO
4252 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

SUBJECT: ATM FINANCIAL CONSULTING, LLC
Ref. Number: L07000039174

We have received your document for ATM FINANCIAL CONSULTING, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 208A00050852

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

ATM FINANCIAL CONSULTING, 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 4/11/07 and assigned
Florida document number L07000039174.

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)

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TALLAHASSEE, FLORIDA

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)

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> |
|--------------|------------------|--|--|
| MGRM | ISIDORO F. GELPI | 522 S. HUNT CLUB BOULEBARD#316 ORLANDO, FLORIDA 32819 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | FABIAN E. COBO | 522 S. HUNT CLUB BOULEBARD#316 APOPKA, FL 32703 | <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 SEPTEMBER 15, OF _____, 2008.

Signature of a member or authorized representative of a member

REINALDO MORENO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA