

L07000039174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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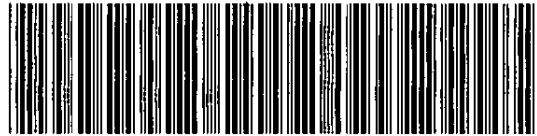
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
09 FEB - 9 PM 2:54

J. BRYAN

FEB 10 2009

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, FL. 32804

(City/State and Zip Code)

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DIVISION OF CORPORATIONS
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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:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**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)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 FEB - 9 11:25 AM

The Articles of Organization for this Limited Liability Company were filed on 04/11/2007 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:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

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:

N/A

New Registered Office Address:

N/A

(Enter Florida street address)

N/A

, Florida

N/A

(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

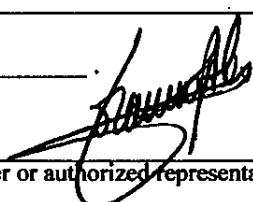
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ISIDORO F. GELPI	522 S. HUNT CLUB BLVD. # 316 APOPKA, FL. 32703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FABIA E. COBO	522 S. HUNT CLUB BLVD. # 316 APOPKA, FL. 32703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KAREN CASTRO	4252 N. ORANGE BLOSSOM TRAIL ORLANDO, FL. 32804	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARCOS POZO	4252 N. ORANGE BLOSSOM TRAIL ORLANDO, FL. 32804	<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

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

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Dated JANUARY 27TH. OF, 2009



Signature of a member or authorized representative of a member

REINALDO MORENO

Typed or printed name of signee