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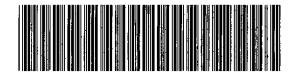
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**EXAMINER** 



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## **COVER LETTER**

Division of Cor	porations '	P			
SUBJECT. ATM PI	romotions LLC				
SUBJECT: ATM Promotions LLC (Name of Limited Liability Company)					
,					
The analogue Auticles of	A	animal for filing			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for ming.			
Please return all correspo	ondence concerning this matter	to the following:			
	Michael Perrin				
		(Name of Person)			
	ATM Promotions LLC				
	<del></del>	(Firm/Company)			
	00 Educates Dr. Ots 44	^			
	60 Edgewater Dr. Ste 40	(Address)			
		(			
	Coral Gables, FI 33133				
		(City/State and Zip Code)			
For further information of	oncerning this matter, please c	all.			
Tor further information c	oncerning this matter, picase c	411.			
Michael Perrin		at ( 305 ) 668-3014			
(Name o	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for the	ne 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:

TO: , Registration Section

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 ARTICLES OF ORGANIZATION

**OF** 

ATM Promotions 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 August 04, 2008 and assigned Florida document number L08000074731 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) (City)

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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM /	Terry L Perrin	10 Edgewater Dr. Ste 14A Coral Gables, Fl. 33133	_n Add □ 7 Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter chan	age(s) here: (Attach additional sheets, if necessary.)	<del></del>
******			- <b>-</b> 
Dated Augus	at 05 , 2008	3	_
	<del>-</del>	er or authorized representative of a member	
	Michael Perrin Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00