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(City/State/Zip/Phone #)

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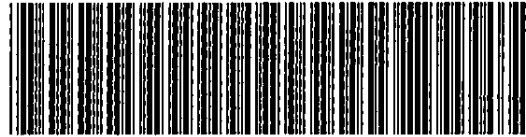
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DEC 22 2010

EXAMINER



400188828744

12/21/10--01027--018 \*\*25.00

FILED  
10 DEC 21 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**GUTTENMACHER & BOHATCH, P.A.**

ATTORNEYS AT LAW

JOHN S. BOHATCH  
EDWARD P. GUTTENMACHER  
KATALINA PEÑARANDA  
ERIC SATIN\*

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SUITE 560  
SOUTH MIAMI, FLORIDA 33143

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PRACTICE LIMITED TO  
PROBATE, ESTATE PLANNING,  
BUSINESS PLANNING & TAXATION

\*LL.M. TAXATION

WEALTH PLANNING &  
TRANSACTIONAL ALLIANCE  
WITH ADAMS GALLINAR, P.A.

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GULFVIEW POINTE  
2647 GULFVIEW DRIVE  
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521  
TELEFAX (305) 292-4016

PLEASE REPLY TO:  
SOUTH MIAMI

December 15, 2010

**Via Certified Mail—**  
**Return Receipt Requested**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: D. & B. A.T.M. SERVICE, LLC**

To Whom It May Concern:

Enclosed please find an Amendment to the Articles of Organization for the above referenced entity, along with a check in the amount of \$25.00 representing the filing fee for such. Once filed, please submit the letter of acknowledgment to us in the self-addressed stamped envelope provided herein.

Should you have any questions, or need anything further, please do not hesitate to contact our office.

Sincerely,

GUTTENMACHER & BOHATCH, P.A.

  
KATALINA PEÑARANDA, ESQ.

KP/jdf  
Encl.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: D. & B. A.T.M. SERVICE, 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:

**JOHN S. BOHATCH, ESQ.**

Name of Person

**GUTTENMACHER & BOHATCH, P.A.**

Firm/Company

**7301 SW 57TH COURT, SUITE 560**

Address

**SOUTH MIAMI, FLORIDA 33143**

City/State and Zip Code

**LAW@GBTAXLAW.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JOHN S. BOHATCH, ESQ.**

Name of Person

at ( **305** )

**666-1040**

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

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

**D. & B. A.T.M. SERVICE, 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 FEBRUARY 17, 2010 and assigned Florida document number L10000018611.

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)**

P.O. BOX 160520

HIALEAH, FLORIDA 33016

FILED  
10 DEC 21 PM 12:59  
SECRETARY OF STATE  
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:

Nicolas Villa/ba

New Registered Office Address:

1909 NW 137th TERRACE

*Enter Florida street address*

PEMBROKE PINES

Florida

33028

*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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_

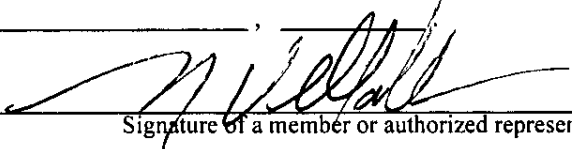
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

NICOLAS VILLALBA, JR.

\_\_\_\_\_  
Typed or printed name of signee