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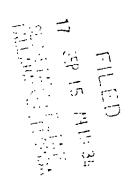
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
Certified Copies Certificates of Stati	Js
Special Instructions to Filing Officer:	

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D. SCOTT SEP 1 8 2017

COVER LETTER

TO:

Registration Section

Division of Cor	porations				
ACCESS A	TM of FLORIDA, LLC				
SUBJECT:		Limited Liability Compan			
	Name of t	Canniced Liability Compan	у		
The enclosed Articles of A	Amendment and fee(s) are s	submitted for filing.			
Please return all correspon	ndence concerning this mat	ter to the following:			
	SHARON JOHNSTÖN				
		Name of Perso	n	1-11-1	
	ACCESS ATM of FLO	RIDA, LLC			
		Firm/Company	/	<u> </u>	
	3901 S. OCEAN DR. #	10-L			
		Address			
	HOLLYWOOD, FL.33	3019			
	<u></u>	City/State and Zip (Zode		
	sharonaj2@gmail.com				
	E-mail addres	s: (to be used for future ar	nnual report notifi	cation)	
For further information co	oncerning this matter, pleas	e call:			
SHARON JOHNSTON		786	449-9444		
Name of	Person	at (Area Code	Daytime	Telephone Number	
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	□ \$55.00 Filing	Eag Pr	□ \$40.00 EU	; r F
_	Certificate of Status	Certified Cop		□ \$60,00 Fili Certificate	e of Status &
		(additional copy	is enclosed)	Certified (Copy copy is enclosed)
				(additional c	copy to enclosed)
MAILI	NG ADDRESS:	STF	REET/COURIE	R ADDRESS:	
	ation Section	Reg	istration Section		
	n of Corporations		ision of Corpora	tions	
P.O. Bo			ton Building	G' 1	
i ailaha:	ssee, FL 32314	266	I Executive Cen	ter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCESS ATM of FLORIDA, LLC				
(Name of the Limite)	d Liability Company A Florida Limited Liab	as it now appears on our ility Company)	records.)	
The Articles of Organization for this Limited Lia	ibility Company we	ere filed on APRIL 29,	2010	and assigned
Florida document number L10000046184	 -			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:		
ACCESS IN FLORIDA, LLC				
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designatio	n "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble: _			7,11,1
(Principal office address MUST BE A STREET	ADDRESS)			
	-			
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE B	<u>30X)</u>			
	_			
B. If amending the registered agent and/o	r registered offic	e address on our r	ecords, <u>enter</u>	the name of the new
registered agent and/or the new registered offi	ice address here:			
				in the
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street	t address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registered.	r and complete pe	rformance of my dut	ies, and I am	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized removed from our records:		orized to man	age, enter the title, name, a	nd address of each	person being added
MGR =	Manager Authorized Member			/	
<u>Title</u>	<u>Name</u>		Address	'//	Type of Action
				_//	🗆 Add
					□ Remove
					Change
					□ Remove
					Change
***					Add
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Page 2 of 3

michanig any other miormation	, enter change(s) here: (Attach additional .	sneeis, ij nocessary.)
		77
-		
		
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ective date, if other than the dat	e of filing: pecific and cannot be prior to date of filing or more th	(optional)
te: If the date inserted in this block cument's effective date on the Depar	loes not meet the applicable statutory filing requ	uirements, this date will not be listed a
one of the control date on the Bepar	ment of State 3 records.	
record specifies a delayed ef he 90th day after the record	ective date, but not an effective time,	, at 12:01 a.m. on the earlier o
·		
ed SEPTEMBER 12	2017	
	10 Vold 400	$\chi()$
Sign	ature of a member or authorized representative of a n	nember
SHARON JOHNSTON		<u> </u>
	Typed or printed name of signee	

Filing Fee: \$25.00