

L11000041387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300370287653

07/22/21 --01003--003 **25.00

FILED
2021 JUL 23 AM 9:05

2021 JUL 21 PM 3:50

Amend
Name chg

JUL 26 2021
ALBRITTON

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 7/21 DANNY

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

LLC AMEND

1. ATM RECORDS LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 JUL 23 AM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 22, 2021

CORPORATE ACCESS, INC.

SUBJECT: ATM RECORDS, LLC
Ref. Number: L11000041387

Corrected

We have received your document for ATM RECORDS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P20000048429 - MP MULTI SERVICES, INC..

Please return your document, along with 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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 921A00016999

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATM RECORDS 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:

MYBERLI PAUL

Name of Person

ATM RECORDS LLC

Firm/Company

1006 SW 102ND TER

Address

PEMBROKE PINES FL 33025

City/State and Zip Code

paulmyberli1@yahoo.com

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

For further information concerning this matter, please call:

MYBERLI PAUL

786

487-0215

at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2021 JUL 23 AM 9:05

ATM RECORDS 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 04/06/2011 and assigned
Florida document number LI1000041387.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

M & P MULTI FINANCIAL SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1006 SW 102ND TERRACE

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES FL 33025

Enter new mailing address, if applicable:

1006 SW 102ND TERRACE

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES FL 33025

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:

MYBERLI PAUL

New Registered Office Address:

1006 SW 102ND TERRACE

Enter Florida street address

PEMBROKE PINES

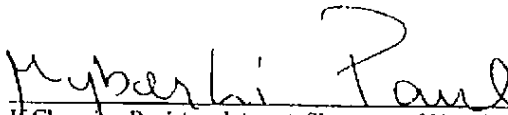
City

Florida 33025

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 605, 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 07/22/2021

Signature of a member or authorized representative of a member

Typed or printed name of signee