## 11000018988

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
OCT 3 1 2012 L. SELLERS			

Office Use Only



300241226213

10/29/12--01017--003 \*\*25.00

FILED
12 OCT 29 PM 3: 45
SECKLIARY OF STATE

## **COVER LETTER**

то:	Registration Sec Division of Corp							
SHRII	SUBJECT: ATM Broadcast America, LLC							
30001	· · · · · · · · · · · · · · · · · · ·		ted Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please	return all correspoi	ndence concerning this matter	to the following:					
		_						
		<u> Fra</u>	ncisco J. Villegas, CPA Name of Person	<u> </u>				
			Name of Person					
		Franci	sco J. Villegas, CPA, P	.A				
			Firm/Company					
		100 A	Imeria Avenue, Suite 2	00				
			Address					
		Co	oral Gables, FL 33134					
			City/State and Zip Code					
		FJVill	egas@VillegasCPA.co	m				
		E-mail address: (t	to be used for future annual report	notification)				
For fu	ther information co	oncerning this matter, please c	ali:					
	Franci	isco J. Villegas	at ( 305)	441-2105				
	Name of	Person	Area Code & D	aytime Telephone Number				
Enclosed is a check for the following amount:								
<b>▼</b> \$2:	5,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enc	\$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	l Broadcast	America, LL	.C	
(Name of the Limited ) (A	Liability Compa Florida Limited L	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia				and assigned
Florida document numberL11000078	988			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company he	re:	
	N/A			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		100 Biscayn	e Boulevard	
(Principal office address MUST BE A STREET	(ADDRESS)	Suite 2906		
		Miami, FL 3	3132	
Enter new mailing address, if applicable:		100 Biscayn	e Boulevard	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 2906		
		Miami, FL 3	3132	
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:			our records, <u>enter t</u>	he name of the new ALLANARY COLORS
New Registered Office Address.		E	nter Florida street add	ress ()
			. Florida	res <u>e</u> si
		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		Add Remove
<del></del>			
			— — D
			Remove
D. If amen —	ding any other information,	enter change(s) here: (Attach additional sheets, if ne	cessary.)
			······································
Dated	October 23		
	Signatur	e of a member or authorized representative of a member	
		Evaristo Cobos	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00