

L13000045655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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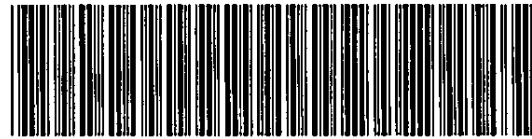
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

APR 24 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATM, TARGETED Case Management Services, 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:

Brenda G. Thompson

Name of Person

ATM, Targeted Case Management Services, LLC

Firm/Company

6239 Edgewater Drive, Ste. D15

Address

ORLANDO, Florida 32810

City/State and Zip Code

bgthompson10@att.net

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

For further information concerning this matter, please call:

Brenda G. Thompson

Name of Person

at (407) 405-5052

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

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

ATM, Targeted Case Management Services, 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 March 26, 2013 and assigned
Florida document number L130000 45655.

This amendment is submitted to amend the following:

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

ATM TARGETED CASE MANAGEMENT SERVICES, LLC
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)

6239 Edgewater Drive, Ste. D-15
ORLANDO, FL 32810

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:

Brenda G. Thompson

New Registered Office Address:

6239 Edgewater Drive, Ste. D-15

Enter Florida street address

Orlando

Florida

32810

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.

Brenda G. Thompson

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>
MGRM	Joseph Morrell, Sr.	845 Coach lamp Court	<input type="checkbox"/> Add
		Sanford, Florida 32771	<input checked="" type="checkbox"/> Remove
MGRM	Ralph Armsteud	1765 Pam Circle	<input type="checkbox"/> Add
		ORLANDO, Florida 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated April 22, 2013

Brenda G. Thompson

Signature of a member or authorized representative of a member

Brenda G. Thompson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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