11300064339

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	•	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800249314068

07/01/13--01059--008 **30.00



0. 867 ES

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Nationwide ATM LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	₩ 5
Please return all correspondence concerning this matter to the following:	岸二
Jose De las Casas Name of Person	388
Nation wide ATM Firm/Company	.18
3458 Caruso Pl	
Address	
City/State and Zip Code Tose @ A7monli mitwine - Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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

NationWide	ATM	LLC		
Nution Wide (Name of the Limited Line) (A Flo	ability Compan orida Limited Li	y as it now appears o ability Company)	n our records.)	
The Articles of Organization for this Limited Liabs Florida document number 130000 6433	ility Company v			and ssigned
This amendment is submitted to amend the following	ing:			\$>
A. If amending name, enter the new name of the	ne limited liabil	lity company here:		,
The new name must be distinguishable and end with the "L.L.C."	he words "Limite	ed Liability Company	" the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	3458 (Oviedo, 1	Laruso	PL
(Principal office address MUST BE A STREET	ADDRESS)	Oviedo, 7	FU 3271	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic			records, <u>enter</u>	the name of the new
Name of New Registered Agent:			w	
New Registered Office Address:	3458	Caruso Enter	PL Florida street aa	Idress
	Ovie	do	, Florida _	32765
	-	City	, = ===== <u>===</u>	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 **Type of Action** <u>Title</u> <u>Name</u> Address Jose Delas Caras 3458 Caraso PL Add MGAM Oviedo FL 32765 Remove

HASSES FLORIDA	Remove
	Remove
	Add Remove
	Add Remove

lfamo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
-	
-	
-	
ed	
-	
	Single and the state of the sta
	Signature of a member or authorized representative of a member
	Jose DelasCasas
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 JUL - I PM 4: 19