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10:		sion of Cor			
CUD IE	CT.	Commercia	al ATM Systems, LLC		
SUBJE	CI:		Name of Lim	nited Liability Company	
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspo	ondence concerning this matter	to the following:	
			Eugene Kligmann		
				Name of Person	
			Commercial ATM System	s, LLC	
				Firm/Company	o
			8510 NW 56 St		Ť
			•	Address	
			Doral, FL 33166		
	Commercial ATM Systems, LLC Firm/Company				
T E1.				•	ification)
			oncerning this matter, please ca		
Eugene Kligmann				at ()	
		Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a	check for th	ne following amount:		
\$25.	.00 Fi	ling Fee		Certified Copy	Certificate of Status & Certified Copy
		Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Commercial ATM Systems, LLC		
(<u>Name of the Limited L</u> (A l	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L15000205735		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or th	te abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	6
(Principal office address MUST BE A STREET A	(DDRESS)	日 崇红
		0 93
		7 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	X)	6
B. If amending the registered agent and/or registered agent and/or the new registered office		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	70. L1	
-	, Florida City	Zip Code
New Registered Agent's Signature, if changing Regi	istered 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or femoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nicolas Villalba Jr	8510 NW 56 St, Doral, FL 33166	■ Add
			Remove
			☐ Change
		•	Add
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