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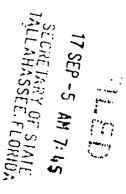
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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COVER LETTER

ru	4,2	n of Corporations	;		
SU	ВЈЕСТ:	ATM	Motors		
			Name of Limi	ited Liability Company	
The	e enclosed Ar	ticles of Amendme	ent and fee(s) are sub	mitted for filing.	
Ple	ase return all	correspondence co	oncerning this matter	to the following:	
			Amir M	Name of Person	
			ATM M	Notors LLC Firm/Company	
			7211 Sar	Miguel Dr.	
		Po	ort Rich	City/State and Zip Code	8
		<u></u> Y	M. Daunc E-mail address: (1	ovich ead.com	ification)
For	r further infor		this matter, please ca		
	Amir	MiSio Name of Person	<u>n</u>	at (727) 255 - Area Code Daytin	9439 ne Telephone Number
Ene	closed is a ch	eck for the followi	ng amount:		
×	\$25.00 Filin	_	.00 Filing Fee & ertificate 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

TO ARTICLES OF ORGANIZATION **OF**

ATM Moto		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 7/20/1	1 and assigned
Florida document number <u>L17000155818</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
E A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
William dancess WAT BE A TOST OFFICE BOA)		
B. If amending the registered agent and/or registered o		ls, enter the name of the ne
registered agent and/or the new registered office address her	<u>e</u> :	1 TAL
Name of New Registered Agent:		7 SE CRE
•		AS S
New Registered Office Address:	Enter Florida street addre	
	E.	
	City P	lorida
New Registered Agent's Signature, if changing Registered Agent:		≥m v i

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	AMIR MISION	7211 SAN MIGHEL DR	<u>Ç</u> , ⊠ Add
		PORT RICHEY, FL 3466	₹ _□ Remove
			Change
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(if an ei <u>Note:</u>	tive date, if other than the date of filing:	ing.) Pursu	ant to 60 of be lis	05.0207 (3)(b) sted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.me 90th day after the record is filed.	n. on th	e earl	ier of:
Dated	August 28 . 2017.			
	Signature of a member or authorized representative of a member	 		
	AMIR MISION Typed or printed name of signer			

Page 3 of 3

Filing Fee: \$25.00