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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: A 4 ATMS 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: |
| Alan Hernandez Name of Person |
| A4 ATMS LLC Firm/Company |
| 7871 NW 12 Street |
| Pembroke Pines, FL 33024 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Alan Hernander at (786) 312-0816 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \S30.00 Filing Fee \& \Bigcup \S55.00 Filing Fee \& \Bigcup \S60.00 Filing Fee, Certificate of Status \$\Certificate of Status \& Certified Copy (additional copy is enclosed) 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

| A4 ATMS LL | . C | |
|--|--|--------------------|
| (Name of the Limited Liability Compan (A Florida Limited L | iy as it now appears on our records.) lability Company) | |
| The Articles of Organization for this Limited Liability Company v. Florida document number <u>L18000 321086</u> . | were filed on <u>09-17-18</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here; | |
| The new name must be distinguishable and contain the words "Limited Liabili | | • |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u>.</u> |
| (Principal office address MUST BE A STREET ADDRESS) | N/A | بن |
| | · | 22 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | he name of the new |
| Name of New Registered Agent: | MA | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | Zin Carla |
| | * · · · | any street |

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 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 removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name Address Type of Action Alan Hernandez 7871 NW 17 ST DAdd MER Pembroke Pines, FL Remove 33024 Change ☐ Remove ☐ Change $\square \tilde{\mathbb{A}} dd$ ☐ Remove □ Add □ Remove ☐ Remove Change ☐ Remove ☐ Change

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| ument's effective date o | n the Department of | l State's records. | | | | |
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Filing Fee: \$25.00