

118000221086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

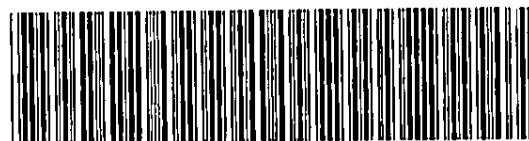
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 04 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A4 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
Address

Pembroke Pines, FL 33024
City/State and Zip Code

A4ATMS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Hernandez at (786) 312-0816
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

A4 ATMS LLC

N/A

N/A

N/A

NA

, Florida

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Alan Hernandez	7871 NW 12 ST	<input type="checkbox"/> Add
		Pembroke Pines, FL	<input type="checkbox"/> Remove
		33024	<input checked="" type="checkbox"/> Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

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☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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

Need to amend title for Alan
Hernandez from president
to "Manager."

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 8, 2018



Signature of a member or authorized representative of a member

Alan Hernandez

Typed or printed name of signee