

L20000262400

Florida Dept. of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H230003597413))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

OCT 13 PM 2:47

STATE  
CORPORATIONS  
FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REVERSE ATM LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILE  
2023 OCT 13 11:21:40  
STATE OF FLORIDA

Reverse ATM LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/24/2020 and assigned Florida document number L20000262400.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7100 Shady Oak Road

*(Principal office address MUST BE A STREET ADDRESS)*

Eden Prairie, MN 55344

Enter new mailing address, if applicable:

7100 Shady Oak Road

*(Mailing address MAY BE A POST OFFICE BOX)*

Eden Prairie, MN 55344

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

(Empty horizontal lines for amending information)

FILED  
2023 OCT 13 11:11 AM  
MICHIGAN

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 605.0297 (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 October 12, 2023

DocuSigned by:  
*Brian Hedberg*  
105093465847441

Signature of a member or authorized representative of a member

Brian Hedberg, CEO of the Sole Member

Typed or printed name of signee

Filing Fee: \$25.00