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SECRETARY OF STATE

Y. SCOTT JAN 2 9 2022

COVER LETTER

10: Registration St					-	
Division of Cor	porations		•	•		
CUDICOT	. Cash Tran ATM,	LLC	••		,	
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	 	Anibal Victor Duarte-Viera				
		Name of Person				
				<u>1</u> 138	202	
		Firm/Company		CRETA	2022 JAN 24	
		800 Jeronimo Drivve		ASS.		
		Address		OF S	PM 3:	
		Coral Gables, FL 33146 City/State and Zip Code			5	
	E-mail address: (anibalduarteviera@gmail.com	report notification)			
For further information c	oncerning this matter, please c		.,			
	or Duarte-Viera	at (<u>305</u>)	613-2100			
Name o	f Person	Area Code	Daytime Telephone Nu	mber		
Enclosed is a check for the	nc following amount:					
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certi	00 Filing F ificate of S ified Copy tional copy is	Status &	
Mailing Addres Registration S	Section	=	tion Section			
Division of C			n of Corporations			
PU BOX 647	1	The Cer	ure of Tallahassee			

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cash Tran ATI			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears (Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Company lorida document number	were filed on	February 08, 2021	and assigned
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here	<u>:</u> :	~1
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	ignation "LLC" or the side	reviation "L.L.C."
nter new principal offices address, if applicable:		800 Jeronimo Drivo	2
Principal office address MUST BE A STREET ADDRESS)		Coral Gables, FL 33146	ST P P
inter new mailing address, if applicable:		800 Jeronimo Drive	3: 15 F STATE
Aailing address MAY BE A POST OFFICE BOX)		Coral Gables, FL 33146	
. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		ords, enter the name	of the new registe
New Registered Office Address:	80	00 Jeronimo Drive	
	Enter Florid	a street address	
	Coral Gables	, Florida	33146
	Ciņ		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>	Address	Type of Action
MGR	Anibal Victor Duarte-Viera	800 Jeronimo Drive Coral Gables, Ft 33146	Add
			TRemove
			□Change
AMBR	Alexandra Martinez	800 Jeronimo Drive Coral Gables, FL 33146	MAd₫
			□Remove
			□Change
MGR	camila Leignton	11155 NW 5th street	□Add
		MIQMI, FL 33172	TREMOVE
		····	□Change
MGR	Juan carius suarez	11155 NW 5th street	□Add
		MI ami, FL 33172	⊡ Remove
			□ Change
		<u> </u>	×25. 1 8
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		MILAN OF STIF	Z □Chapge
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change

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Comula Lughtan Signatur of a member or authorized representative of a member		lawid	'a 2 lind	174						