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COVER LETTER

Divi	ision of Corp	porations		
CUD IECT.	ЈММ АТМ	LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		James M McGinley		
			Name of Person	
		JMM ATM LLC		
		 	Firm/Company	
		4234 S Atlantic Ave		
		-	Address	-
		Port Orange, FL 32127-66	08	
			City/State and Zip Code	
		mike.mcginley@gmail.com	to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca	•	,
Mike McGin	ıley		386 527-1023	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate 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)
	iling Address		Street Address: Registration So	ection

Division of Corporations

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMM ATM LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
he Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
orida document number L21000261785		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
	•	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 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
MGRM	James M McGinley	4234 S Atlantic Ave, Port Orange, FL 32127	□Add
			□Remove
			🗏 Change
			□Add
			□Remove
			□Change
			□ Add
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			□ Add
			□ Remove
			□Change
			□Add
			Remove
			Remove Add Remove
			— □Add ∪ دی
			Remove
			□Change

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ctive date, if other than t	he date of filing:			(optional)	ı
effective date is listed, the date refer the date inserted in this iment's effective date on the	block does not meet	the applicable st	of filing or more a atutory filing re	han 90 days after filing quirements, this date	.) Pursuant to 605.03 will not be listed
					7,021
ord specifies a delayed effectiled.	tive date, but not an e	ffective time, at	12:01 a.m. on t	he earlier of: (b) Ti	ne 90th day after t
June 10		021			
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