L2200512943

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Su	siness Entity Name)	
(Dc	ocument Number)	
ried Copies	Certificates o	of Status
and Instructions to Filir	ng Officer:	
		<u> </u>
	Office Use Only	



SECRETARY OF STATE	2023 JAN 24 AN 8: 39
01/24/2301001003	**25,00





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Department of State Division of Corporations Date: 1/23/2023

American Expediting (Stealth Courier) 1531 Commonwealth Business Dr. Ste 105 Tallahassee, Fl. 32303 850-294-5632

Stealth Courier Box

Company:ATM7 LLC Requester: John Navarro Order: 14434318





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2023

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STEALTH COURIER

SUBJECT: ATM7 LLC Ref. Number: L22000512943

We have received your document for ATM7 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Ambrs Names are not complete.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 923A00001660

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ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

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2023 JAH 24 AH 8: 39

ATM7 LLC		SECRETARY OF STATE
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability C Florida document number 1.22000512943		and assigned
This amendment is submitted to amend the following:	- <u></u> '	
A.: If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim		abbreviation "L.L.C."
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addressibere:	office address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	, Florida	
New Repistered Agent's Similarian is the first	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:

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MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
AMBR	PMI MANAGEMENT GROUP LL C	8 THE GREEN STE A	
		DOVER DELAWARE 19901	□ Add
AMBR	REVOCABLE LIVING TRUST OF		Change
	ATM7	. 15000 NW 89 CT Ste 209	🖬 Add
		DORAL FLORIDA 33172	DRemove
			Change
			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

Dated	2023
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<u> </u>	AM
	Signature of a member or authorized representative of a member
JOHN NAVARRO	\mathcal{L}
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee