

M22000011330

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : URS AGENTS LLC  
Account Number : 120150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

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

Email Address: kimt@atmmortgage.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ATM MORTGAGE ADVISORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

NOV 07 2022

DocuSign Envelope ID: C5EBA816-87EE-4C64-AA66-E9E017CF8199

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATM Mortgage Advisors, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Tarbell

Name of Person

ATM Mortgage Advisors, LLC

Firm/Company

16021 Deer Ridge Drive, Unit A

Address

Morrison, CO 80465

City/State and Zip Code

kimt@atmmortgage.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Tarbell

at ( 916 ) 718-4568  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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2022 NOV - 7 PM 2:34  
FILED  
MAR 20 2022  
MAR 20 2022

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: ATM Mortgage Advisors, LLC

Enter new principal office address, if applicable: 16021 Deer Ridge Drive  
Unit A  
(Principal office address  
MUST BE A STREET ADDRESS) Morrison, CO 80465

Enter new mailing address, if applicable:  
(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000011330  
3. Jurisdiction of its organization: Colorado  
4. Date authorized to do business in Florida: July 20, 2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:  
(must contain "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

Title/ Capacity:	Name	Address	Type of Action
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

DocuSigned by:

Kim Tarbell

Signature of the authorized representative

Kim Tarbell

Typed or printed name of signee

Filing Fee: \$25.00

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