

LD4000071189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

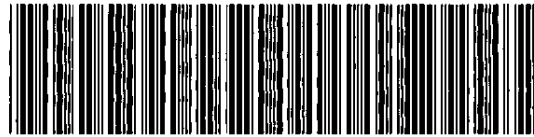
LD4-71189

(Document Number)

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FILED
10 APR 12 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fountain Plus, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Connie Kai
Name of Person

Firm/Company

10907 Boca Pointe Dr
Address

Orlando, FL 32836
City/State and Zip Code

conniekai@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Kai at (321) 2852218
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2010

CONNIE KAI
10907 BOCA POINTE DRIVE
ORLANDO, FL 32836

SUBJECT: FOUNTAIN PLUS, LLC.
Ref. Number: L04000071189

We have received your document for FOUNTAIN PLUS, 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):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 410A00003125

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

FILED
10 APR 12 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fountain Plus, 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 9/30/2004 and assigned Florida document number L04000071189.

This amendment is submitted to amend the following:

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

AnyCard Plus, LLC

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

Enter new principal offices address, if applicable:

7512 Dr Phillips Blvd, Ste 50-316

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32819

Enter new mailing address, if applicable:

7512 Dr Phillips Blvd, Ste 50-316

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32819

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:

7512 Dr Phillips Blvd, Ste 50-316

Enter Florida street address

Orlando

, Florida

32819

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

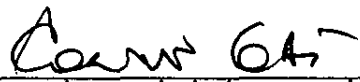
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mr MGR</u>	<u>Frank Cheng</u>	<u>7512 Dr Phillips Blvd, Ste 50-316</u> <u>Orlando, FL 32819</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Ms MGRM</u>	<u>Connie Kai</u>	<u>7512 Dr Phillips Blvd, Ste 50-316</u> <u>Orlando, FL 32819</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Mr MGR</u>	<u>Kevin Yu-Cheng Cheng</u>	<u>7512 Dr Phillips Blvd, Ste 50-316</u> <u>Orlando, FL 32819</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Ms MGR</u>	<u>Wen Vicki Cheng</u>	<u>7512 Dr Phillips Blvd, Ste 50-316</u> <u>Orlando, FL 32819</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	<u>Emagic Plus, LLC</u>	<u>10907 Boca Pointe Dr</u> <u>Orlando, FL 32836</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 10 APR 12 AM 10:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated Jan 28, 2010


Signature of a member or authorized representative of a member

Connie Kai
Typed or printed name of signee