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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

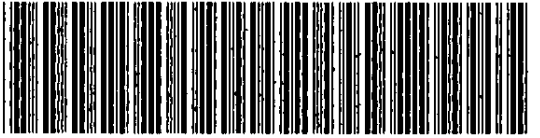
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(Document Number)

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G. MCLELLAN  
JUL 11 2008  
EXAMINER



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07/10/08--01018--016 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUL 10 PM 12:01

FROM :

FAX NO. :

Oct. 06 2006 12:40PM P 6

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MERCHANT ADVANCE, 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:

JACK VINCENT ZAHRA  
(Name of Person)

MERCHANT ADVANCE CORP  
(Firm/Company)

17555 COLLINS AVENUE, STE # 2303  
(Address)

SUNNY ISLES FL 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

JACK VINCENT ZAHRA at (347) 729 - 4056  
(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

SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION  
09 JUL 10 PM 12:01

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

MERCHANT ADVANCE 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 2-02-08 and assigned Florida document number L08000011843

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

JACK VINCENT ZAHRA

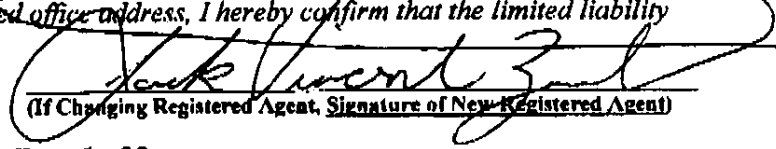
New Registered Office Address:

17555 COLLINS AVE, STE #2303  
(Enter Florida street address)

SUNNY ISLES BEACH, Florida 33160  
(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:

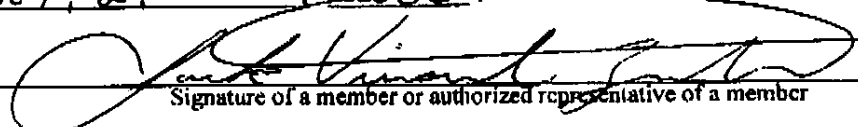
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	<del>Sal</del> DIDONATO, SAL	17555 COLLINS AVE, STE 2303 SUNNY ISLES FL, 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DIDONATO, THOMAS	40 DWIGHT RD MIDDLE TOWN, NS, 67748	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am familiar with the obligations and accept all responsibilities with the position

Dated July, 2, 2008

  
Signature of a member or authorized representative of a member  
Jack Vincent ZAHRA  
Typed or printed name of signee