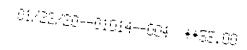
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Office Use Only



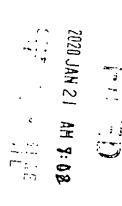
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COVER LETTER

TO:

Registration Section Division of Corporations

ONE WOR	LLD MONEY GROUP, N.A. L	L.C	
3000CT	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANDRIXON HENRY		
		Name of Person	
	ONE WORLD MONEY O	GROUP, N.A. L.L.C	
		Firm/Company	
	6355 NW 36TH ST SUIT	E 406	
		Address	_
	VIRGINIA GARDES, FL	33166	
		City/State and Zip Code	
	E-mail address: t	to be used for future annual report not	ification
For further information c	oncerning this matter, please c	·	The control of the co
ANDRIXON HENRY		305 614-5395	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 S Division of C P.O. Box 632	section orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee, l	・ド 25214	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE WORLD MONEY GROUP, N.A. L.L.C

(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 ____09/28/2011 ____ and assigned Florida document number __L11000111006 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ONE WORLD MONEY NETWORK, N.A. L.L.C The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." SAME Enter new principal offices address, if applicable: 6355 NW 36TH ST SUITE 406 (Principal office address MUST BE A STREET ADDRESS) VIRGINIA GARDES, FL SAME 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: New Registered Office Address:

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

Enter Florida street address

. Florida _

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
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-		Signature c	of a member or auti	iorized represe	entative of a me	mher		

Filing Fee: \$25.00