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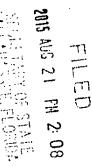
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		COVER DELIER 4.	
•	ection of Corporations		
.J <b>BJECT:</b>	Dollar\$Market, LLC		
	N	ame of Limited Liability Company	
The enclosed	d Articles of Amendment and fee	(s) are submitted for filing.	

Please return all correspondence concerning this matter to the following:

	Randy Bownian		
		Name of Person	
	Dollar\$Market, LLC		
	<del> </del>	Firm/Company	· · · ·
	316D Centre Street		
	<del></del> .	Address	
	Fernandina Beach, FL, 32	034	
		City/State and Zip Code	
	rbowman@ameliabc.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Randy Bowman		904 5560362 at ( )	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 AUG 21 PM 2: 08

DOLLAR\$MARKET, LLC		SEVANCEMENT OF STATE  TALLAMASSEE FLORIDA
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our rec la Limited Liability Company)	cords.
The Articles of Organization for this Limited Liability (Florida document number L15000113660	Company were filed on 06/30/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
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 ad		ords, <u>enter the name of the ne</u> v
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
- Application of the Control of the		, 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

_		
`	angle If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person	ı 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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		Fernandina Beach, FL 32034	□ Remove
			☐ Change
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			□ Remove
			☐ Change
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