15000 191672

(Requestor's Name)
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TO:	Registration Se Division of Cor		•	•	ø
SUBJE	ECT:	Dollar To Go,	LLC		
	<u></u>		ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			Sonia Becerra		
			Name of Person		
			Swyft Filings, LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
			10 11 27 27 110 ED		
			Houston, Texas 77015		
			City/State and Zip Code		~) ·
			filings@swyftfilings.com		
		E-mail address: (o be used for future annual report notif	fication)	
For fur	ther information c	oncerning this matter, please co	dl:		9: 45 3: 45
	Sonia B	ecerra	at (877) 777-04	50	
 .		f Person		e Telephone Number	
Enclos	ed is a check for th	ne following amount:			
\$2 :	5.00 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	
		ING ADDRESS:	STREET/COURI Registration Sectio		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOLLAR TO GO, LLC

(Name of the Limited Liabil (A Florid	lity Company as it now appear da Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability (Florida document numberL15000191672	Company were filed on	11/12/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin Burny Pit Stop, LLC	nited liability company he	<u>ere</u> :	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the d	esignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		10 13
			15 N
Enter new mailing address, if applicable:			<u> </u>
(Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	rida strvet address	
	City	Florida	Zip Code
	Cny		Cap Com

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

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
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
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an effe lote: I	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
arod	MARCH 11th 2019
aica _	
aicd _	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00