

15000191672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

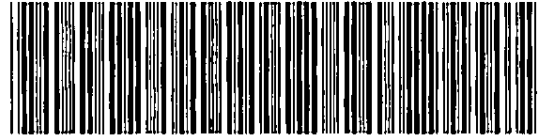
(Business Entity Name)

(Document Number)

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FILED  
STATE  
OFFICE OF  
REGISTRARS  
APR 1 2019

Name Change

APR 04 2019  
D CUSHING

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Dollar To Go, 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:

**Sonia Becerra**  
Name of Person

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**Swyft Filings, LLC**  
Firm/Company

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**12605 East Freeway, Suite 540**  
Address

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**Houston, Texas 77015**  
City/State and Zip Code

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**filings@swyftfilings.com**  
E-mail address: (to be used for future annual report notification)

FILED  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
10/11/05 11:19:50

For further information concerning this matter, please call:

**Sonia Becerra** at ( **877** ) **777-0450**  
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



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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 11<sup>th</sup> 2019

Handwritten signature of Bernard Inthavanh over a horizontal line.

Signature of a member or authorized representative of a member

BERNARD INTHAVANH  
Typed or printed name of signer