

M04000003948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

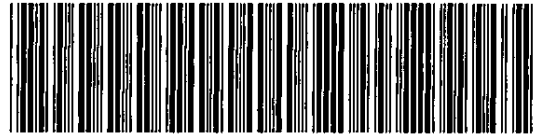
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/26/06--01037--006 **25.00

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DIVISION OF CORPORATIONS
06 JUN 26 AM 11:41

J. BRYAN JUN 26 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACA Financial LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Stubbs
(Name of Person)

Allied Cash Holdings LLC
(Firm/Company)

200 SE 1st Street, STE 800
(Address)

Miami, Florida 33131
(City/State and Zip Code)

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For further information concerning this matter, please call:

Julie Stubbs at (305) 722-0011
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

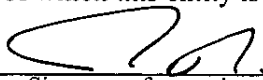
1. Name of limited liability company as it appears on the records of the Florida Department of State: ACA FINANCIAL LLC
2. Jurisdiction of its organization: CALIFORNIA
3. Date authorized to do business in Florida: 9/23/2004

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SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 05/01/2006
5. New name of the limited liability company: ALLIED CASH HOLDINGS LLC
6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
DELAWARE
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized representative of a member

John Lie-Nielsen

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ACA FINANCIAL LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALLIED CASH HOLDINGS LLC", THE FIRST DAY OF MAY, A.D. 2006, AT 5:40 O'CLOCK P.M.

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060489089

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4800384

DATE: 06-06-06