

M07000003252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

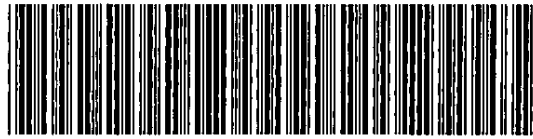
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/14/07--01026--010 **60.00

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DIVISION OF CORPORATIONS
07 JUN 14 AM 10:27

JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allied Cash Collection Services 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:

Merle H. Koontz
(Name of Person)

Chambliss, Bahner & Stophel, P.C.
(Firm/Company)

1000 Tallan Building, Two Union Square
(Address)

Chattanooga, TN 27402-2500
(City/State and Zip Code)

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For further information concerning this matter, please call:

Merle H. Koontz at (423) 321-0304
(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
TRANSACT 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: Allied Cash Collection Services LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: May 31, 2007

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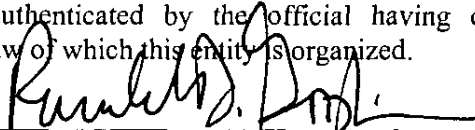
SECTION II (4-7 complete only the applicable changes)

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? June 11, 2007
5. New name of the limited liability company: CFCS 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:

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

Ronald D. Gorsline, Attorney

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

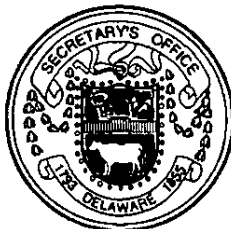
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ALLIED CASH COLLECTION SERVICES LLC", CHANGING ITS NAME FROM "ALLIED CASH COLLECTION SERVICES LLC" TO "CFCS LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF JUNE, A.D. 2007, AT 3:28 O'CLOCK P.M.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 14 AM 10:27

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5748024

DATE: 06-11-07

