

# L02000012519

ATIF Inc  
Requestor's Name  
1660 E Jefferson St Ste 200  
Address  
Tallah, FL 32301 222-2785  
City/State/Zip Phone #

FILED  
02 MAY 21 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Small Change LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-05/22/02--01002--003  
\*\*\*\*\*125.00 \*\*\*\*\*125.00

RECEIVED  
02 MAY 21 PM 4:24  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME:** The name of the Limited Liability Company is:

**SMALL CHANGE, LLC**

**ARTICLE II - Address:** The mailing address and the street address of the principal office of the Limited Liability Company is:

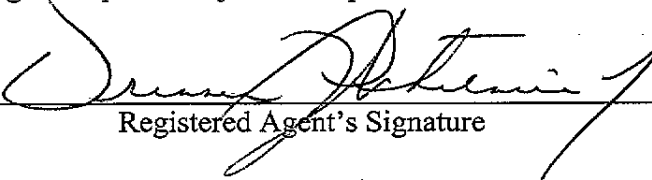
**SMALL CHANGE, LLC**  
159 Commodore Drive  
Jupiter, FL 33477

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:** The name and the Florida street address of the registered agent are:

Drennen L. Whitmire, Jr., Esquire  
Name  
450 Royal Palm Way, Sixth Floor  
Florida street address (P. O. Box **NOT** acceptable)  
Palm Beach, FL 33480  
City State, and Zip

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the property 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 608, F.S.*

  
Registered Agent's Signature

**ARTICLE IV - Management (Check box if applicable.)**

☐ The Limited Liability Company is to be managed by one or more managers and is therefor, a manager-managed company.

**ARTICLE V - Effective Date of Existence:** The Effective Date of the Limited Liability Company's existence shall be May 21, 2002.

  
Signature of authorized representative of a member.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Drennen L. Whitmire, Jr  
Typed or printed name of signee