L0300023063

(Requestor's Name)			
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	- #1	
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PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
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(00	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer		
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€OVER LETTER →

	ration Section of Corpo			
RELIBIECT: RE	apid Cas	h Payday Loans, LLC	;	
SUBJECT:		Name of Limi	ited Liability Company	
		mendment and fee(s) are sub-	_	
		Natalya Russ		
			Name of Person	<u></u>
			Firm/Company	
		14818 Via Winghurs	t Ct	
			Address	
		Orlando FL 32826		
			City/State and Zip Code	
		natashalegkoder@ms E-mail address: (t	SN.COM to be used for future annual report notific	ation)
For further infor	mation con	cerning this matter, please ca	all:	
Natalya Rus	SS		407 405-4465	
	Name of P	erson	Area Code Daytime T	Celephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filing	g 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 MAR -2 PM 1: 52 SECRETARY OF STATE IALLAMASSEE, FLORIDA

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L03000023063</u> .	were filed on 06/25/2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Rapid Cash, LLC	
he new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11804 E Colonial Dr
Principal office address MUST BE A STREET ADDRESS)	Suite 101
	Orlando FI 32826
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the
egistered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Rapid Cash Payday Loans, LLC

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager '

AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			Add	
			Remove	
			Add	
			□ Remove	
			Add	
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			Remove	

). If amending any other information, e	enter change(s) here: (Attach add	ditional sheets, if necessary.)
,		
,		
 Effective date, if other than the date of (The effective date must be specific, cannot be put the date this document is filed by the Florida D 	rior to date of receipt or filed date and can	(optional) not be more than 90 days after
Dated February 26th	2015	
Dated		
<u> </u>	culculucy Russ ure of a member or authorized representa	
Signat	ure of a member or authorized representa	tive of a member
Natalya Russ		
	Typed or printed name of signe	æ

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Filing Fee: \$25.00

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