

L05000007044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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08 DEC 22 PM 3:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. DEC 22 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Access Check Cashing
(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:

Laina Corsino
(Name of Person)

Access Check Cashing
(Firm/Company)

4288 Davie Road Dr
(Address)

Davie, FL 33314
(City/State and Zip Code)

For further information concerning this matter, please call:

Laina Corsino at 954,583-6110
(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

I already enclosed a check for \$35.00
in my last attempt
at changing
the company
name.

AC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2008

LAINA CORSINO
4288 DAVIE ROAD
DAVIE, FL 33314

SUBJECT: ACCESS CHECK CASHING AND PAYDAY LOANS, LLC
Ref. Number: L05000007044

We have received your document for ACCESS CHECK CASHING AND PAYDAY LOANS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cant file an Amendment to change name form LLC to INC. Are you wanting to file a Conversion? I will enclose the Conversion form and also an Amendment form for an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 008A00060523

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Access Check Cashing and Payday Loans, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number LO5000007644.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Access Check Cashing, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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:

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing 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"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

08 DEC 22 PM 3:30

FILED

Dated December 19, 2008

Neil Ferrara

Signature of a member or authorized representative of a member

Neil Ferrara

Typed or printed name of signee