## 06000009625

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SECRETARY OF STATE
AND ASSEE, FLORIDA

J. BRYAN

SEP - 3 2009

EXAMINER

## **COVER LETTER**

TO: Registration Division of C	Section Corporations				
SUBJECT:	America's Choice Fina	America's Choice Financial, LLC			
	ompany				
	of Amendment and fee(s) are submitted for filin				
	reeson FFOF P				
	Name of	Serson Garage			
America's Choice Financial					
Firm/Company					
	rmill Dr.				
	Addre	SS			
Tampa, FL 33635  City/State and Zip Code					
	·				
	dgreeson@tamp E-mail address: (to be used for fut	ure annual report notification)			
For further information	n concerning this matter, please call:				
Nam	N/A at (8)	3 36/7686 Area Code & Daytime Telephone Number			
	V O. T. Classif	Aca code de Dayume Telephone Muniber			
Enclosed is a check fo	r the following amount:				
<b>₹</b> \$25.00 Filing Fee	Certificate of Status Certifie	lling Fee & S60.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)			
Regi Divi P.O.	ILING ADDRESS: Istration Section Sion of Corporations Box 6327 Ahassee, 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

Americas Choice Financial, LLC						
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	rs on ou <u>r records.</u> )				
The Articles of Organization for this Limited Liability Company were filed onJan. 27, 2006						
Florida document numberL0600009625						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabili	ty company hei	<u>re</u> :				
The new name must be distinguishable and end with the words "Limited"L.L.C."	d Liability Compa	any," the designation "LL	C" or the abbreviation			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)			<del></del>			
-			9			
		HC	1 7 <u>-</u>			
Enter new mailing address, if applicable:		SS	N			
(Mailing address MAY BE A POST OFFICE BOX)		្រាំ	3 M			
		70				
		ສ ວ	35 ATE			
B. If amending the registered agent and/or registered offic		our records, enter th	e name of the nev			
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>,</i>				

If Changing Registered Agent, Signature of New 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 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 **Name** Title **Address** Type of Action ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove □ Add Remove ∏Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change/Addition of Principal activity of your business: Finance & Insurance, Retail, Wholesale-other Dated \_\_\_\_ August 26 2009 Signature of a member or authorized representative of a member

Page 2 of 2

Donna G. Greeson

Typed or printed name of signee

Filing Fee: \$25.00