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## **COVER LETTER**

TO:

**Registration Section** 

Divisi	on of Cor	porations		
(	ASH ON	E, LLC	•	•
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for tiling	
			_	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		SHARAD M SHAH		
			Name of Person	<u>-</u>
		CASH ONE, LLC		
		<del> </del>	Firm/Company	
		1907 KATIE WAY		
		<del> </del>	Address	
		WINDERMERE, FL 347	86	
			City/State and Zip Code	
		SHAH.SHARAD69@GMA		
		E-mail address: (	to be used for future annual report no	tification)
For further info	ormation co	oncerning this matter, please c	all:	
SHARAD M S	SHAH		407 694-0410	
	Name of	Person	at () Area Code Daytic	me Telephone Number
Enclosed is a c	heck for th	e following amount:		
_		_	m escacion de la	73. 640.60 pyr 0
■ \$25.00 Fil	ing 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)
	ng Addres:		Street Address:	
Registration Section			Registration S	
Division of Corporations P.O. Box 6327		Division of Co		
		7 FL 32314	The Centre of 2415 N. Monr	oe Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASH ONE, 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  $\frac{09/14/2006}{1}$ \_\_\_\_ and assigned Florida document number 1.06000090401 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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) 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 \_\_

## 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ABAR, ELC	9347 CHARLES E. LIMPUS RD	□Add
		ORLANDO, FL 32836	□Remove
			<b>=</b> Change
			□Add
			□Remove
			□Change
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AU ted	JGUST 10TH			020					
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Filing Fee: \$25.00