106000/18652

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
·	
PICK-UP WAIT	. MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special technications to Filips Officer	
Special Instructions to Filing Officer:	

Office Use Only



000133526460

08/01/08--01044--001 **25.00

MENTAL PLANTO: 56

T. CLINE

AUG - 4 2008

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corpo	prations			
SUBJECT: MO	NEY MA	HERS 4 YOU nited Liability Company)	110	
The enclosed Articles of Articles	mendment and fee(s) are su	bmitted for filing.		
Please return all correspond	lence concerning this matte	r to the following:		
		(Name of Person))	
		(Firm/Company)		
	312 54		- All re Carl	
		(Address)		· - ;
	Newsers?	(Address) Floring 326 (City/State and Zip Code)	69 TABLE -	**
	·	(City/State and 24p Code)		1
For further information con	cerning this matter, please	call:	78 AH 0 FE 54 TO 5	
SANSAII V (Name of	V. DREW Person)	at (800) 656-1 (Area Code & Daytime To		
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)	Certificate of Status & Certified Copy (additional copy is enclosed))
Registrati Division o P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	nns r Circle	
of Alens	e Ange	USA, LLC		
f	ROPAY	USA, LLC		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONEY MAKERS	4 100, 22	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LoGoo</u> 118652	were filed on December 13 2006 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
PROPAY USA, LL	C III CON	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	312 SW 134 th TERRACE NEW BORRY Floring 32669	
(Mailing address MAY BE A POST OFFICE BOX)	New Borry Floring 32669	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		
New Registered Office Address:		
TOTI ANGERS OF OTHER PRODUCTS.	(Enter Florida street address)	
	, Florida	
	(City) (Zip Code)	

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

1.

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:

Add Remove	IGR = M IGRM =	la nag er Managing Member		
Remove Add Add Remove Add Add Remove Add Add Remove Add	<u>itle</u>	Name	Address	Type of Action
Add Remove Signsture of a member or authorized representative of a member			<u></u>	
Add Remove Add Remove Add Remove Add Remove Remove Add Remove				1 Kemove
Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove Attach additional sheets, if necessary.)	······			
Add GRemove Add Remove Attach additional sheets, if necessary.)				Kemove
Add Remove Add Remove R	 -			Add Remove
Add Remove Add Remove R				
Add Remove Gradd Remove Gradd Remove				Remove
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ated 50/4 20 2008 Signature of a member or authorized representative of a member				हे तुर्हेल सामग्र
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) atted July 30, 2008 Signature of a member or authorized representative of a member		***************************************		Remove
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) atted 5014 30 , 2008 . Signature of a member or authorized representative of a member				<u> </u>
ated July 30 , 2008 . Signature of a member or authorized representative of a member	 -			<u>~~</u> Add
signature of a member or authorized representative of a member	YC	- 1		
Signature of a member or authorized representative of a member	. II ame	nding any other information, enter	cnange(s) nere: (Attach adattional sneets, if necess	ury.)
Signature of a member or authorized representative of a member				
Signature of a member or authorized representative of a member	_			
Signature of a member or authorized representative of a member	<u></u>			
Signature of a member or authorized representative of a member				
	ated	July 30	2008	
		Signature of a	Specific or sufficient property of a marriage	
				GER

Page 2 of 2

Filing Fee: \$25.00