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ARE CANASSEE, FLORIDA

T. CLINE
FEB - 6 2009

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT: LA SOL	UCION MOBILE LL	_C				+	
	(Name of Lim	ited Liability Comp	oany)			_	
		r					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
•	FERNANDO DIAZ						
·		(Name of Perso	n)				
	LA SOLUCION MOBILE	LLC					
•		(Firm/Compan	y)				
	8004 NORTH ARMENIA	AVE. STE. C					
		(Address)					
	TAMPA, FL ,33604						
		(City/State and Zip	Code)	·····			
For further information co	oncerning this matter, please c	all:			SEC?	2009 FEB	ro-1992
FERNANDO DIAZ		at (727	741-0231		É T	E	****
(Name o	of Person)	(An	ea Code & Daytime T	elephone Number)	RY	٦.	A STATE OF THE PERSON NAMED IN
							التعسيم
Enclosed is a check for th	ne following amount:				LORI EXTR	AM 10: 42	أمريعة
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Co (additional of		□\$60.00 Filing Certificate Certified C (additional	of Status d	&	
Registr	ING ADDRESS: ation Section n of Corporations	Re	REET/COURIER gistration Section vision of Corporation				

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA SOLUCION MOBILE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on MAY,16TH,2007	and assigned
Florida document number L07000052192		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
LA SOLUCION CASH ADVANCE LLC.		
The new name must be distinguishable and end with the words "Lim "L'.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	8004 NORTH ARMENIA AVE. S	STE. C
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL ,33604	2009 SE
		AR F
		CO The I seemen
Enter new mailing address, if applicable:	17336 MINT LEAF LANE	
(Mailing address MAY BE A POST OFFICE BOX)	LAND O' LAKES,FL,34638	TO -
	- 11 - 21	32 9
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
-		
New Registered Office Address:	(Enter Florida stree	et addrags)
	(Enter Florida Stree	a uuuress)
	. Florid:	a

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.

(City)

(Zip Code)

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

			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
<u>. </u>			Add Remove
D. If amend	ling any other information, enter change(s	•	Mar of the
			AMIO: 42
Dated JANUA	ARY, 26TH , 2009		
	Signature of a member or	duthorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00