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J. SAULSBERRY EXAMINER MAR 0 3 2011

COVER LETTER

то:	Registration S Division of Co				• •		
SUBJE	CCT:		Cash Advance LLC	•			
		Name of Lir	mited Liability Company		,	•	
		Amendment and fee(s) are sondence concerning this matter	<u> </u>				
			Fernando Diaz				
			Name of Person		-		
		La	Solucion Cash Advance				
			Firm/Company		TAL:	201	
		800	4 N. Armenia Ave Suite C		GRE AH	HAI	7
			Address		TARY ASSE	MAR -2	
			Tampa, Fl. 33604	·	10 TO	PH	П
		f	City/State and Zip Code diazrealty@yahoo.com		STATE	PM 2: 55	
		- E-mail address:	(to be used for future annual report not	fication)		ĊΠ	
For furt	her information c	concerning this matter, please	call:				
	Fe	rnando Diaz	at (_813)	6498590			
	Name o	f Person	Area Code & Daytin	ne Telephone Number	r		
Enclose	d is a check for th	he following amount:					
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Fil Certifica d) Certified (addition	te of Sta I Copy	itus &	osed)
r	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 rssee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Control Tallahassee: FL 32	on rations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Solucion Cas	h Advance Ll	LC		-
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	05/16/2007	and	assigned
Florida document numberL0700052192				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>·e</u> :		
La Solucion Mult	ti-Service LLC			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	iny," the designation	"LLC" or th	ne abbreviation
	0004 NL Arm	Spia Ava Suita É	7. SE 22	
Enter new principal offices address, if applicable:		enia Ave Suite E	T ARE T	71
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Fl. 33	3604 5	<i>0:2</i>	
	000434		PH :	
Enter new mailing address, if applicable:		enia Ave Suite		** mark
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, Fl. 33	3604	<u>2</u> 22	
B. If amending the registered agent and/or registered of	Tice address on a	um rocorde ontor	the name	of the new
registered agent and/or the new registered office address her	e:	our records, enter	the name	or the new
		•		
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street ad	ldress	
		, Florida		
	City		Zin Co	

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:

<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
-			Add Remove
18-64	·		Add Remove
			□ Damaua
			Add Remove
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f amend	ling any other information, enter c	hange(s) here: (Attach additional shee	TALLY AND THE PROPERTY OF THE
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Page 2 of 2

Filing Fee: \$25.00