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SECRETARY OF STATE
TAIL AHASSEE, FLORID

J. BRYAN J. BRYAN

JUL 2 0 2010

EXAMINER EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	orporations			
SUBJECT:	THE MONEY	STOP CENTER, LLC		
subject:		ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	pondence concerning this matter	r to the following:		
		Mark Jalali		FEG.
		Name of Person		JUL 19 PM 4: 17 CRETARY OF STATE
•		Firm/Company		PA L
•	41	20 Cleveland Ave #B-2		: 17 ORIG
		Address		
		Fort Myers FL 33901 City/State and Zip Code		
	m	bimedia@comcast.net		
	E-mail address: (to be used for future annual report notific	cation)	
For further information	concerning this matter, please of	call:		
, Name	Mark Jalali	at (239) Area Code & Daytime	207-2062	·r
ivanic	. Or Telson	Area code de Day time	Telephone Humoe	1
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)) Certifie	ate of Status &
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerulanassee, FL 323	n ations ater Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE MO	DNEY STO	<u>PCENTER, L</u>	_LC	
(Name of the Limited L (A F	lability Compa Florida Limited L	ny as it now appears Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia		were filed on	07/03/2007	and assigned
Florida document numberL07000699 This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to a sub	wing:	ility company here	2:	FILED PH 4 SECRETARY OF F
The new name must be distinguishable and end with L.L.C."	the words "Limi	ited Liability Compar	ny," the designation '	LLC on the abbreviation
Enter new principal offices address, if applica	ble:	4120 Clevelar	nd Ave #B-2	
(Principal office address MUST BE A STREET ADDRESS)		Fort Myers FL 33901		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4120 Clevelar Fort Myers FL		
B. If amending the registered agent and/or registered agent and/or the new registered offing the new registered offing the Name of New Registered Agent: New Registered Office Address:	4120 Cleve	land Ave #B-2	ur records, <u>enter</u> er Florida street aa	ldress
		Fort Myers	, Florida _	33901
		City		Zip Code

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 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
		1	
			Add Remove
•			
			□D _{amana}
D. If amen	ding any other information	, enter change(s) here: (Attach additional shee	10 JUL 19 PH
 Dated	July 15		CORIDA
	Signatu	re of a member or authorized representative of a me	mber
		Mark Jalali Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00