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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(O)	-j a.co. <u>- a.p. 110110</u>	· ";	
PICK-UP	` WAIT	MAIL	
(Business Entity Name)			
`	,	,	
(Document Number)			
Certified Copies	Certificates	of Status	
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Office Use Only



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B. BOSTICK

JUL 1 4 2014

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SHRIFCT

The Money Stop Center, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Jalali

Name of Person

The Money Stop Center, LLC

Firm/Company

4120 Cleveland Ave #B-2

Address

Fort Myers, FL 33901

City/State and Zip Code

mbjmedia@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

Mark Jalali

Name of Person

₃₁, 239, 243-8641

- Area Code

Daytime Telephone Number

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) □ \$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Money Stop (
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records. imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 07/03/2007	and assigned
Florida document number L07000069908		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and end with the words "Limit	ed 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 ADDRE	<u>(SS)</u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETAR)
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		enter HE name of the new
Name of New Registered Agent:		,
New Registered Office Address:	Enter Florida street address	
	, Flor	rida 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Kathy Jalali	4120 Cleveland Ave#B-	·2_□ ∧dd
		Fort Myers FL 33901	■ Remove
~====			
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. If amending any other information, enter change(s) h	ere: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt of the date this document is filed by the Florida Department of State)	(optional) or filed date and cannot be more than 90 days after
Dated .	
G	7777
Signature of a member or at	uhorized representative of a member \[\int Jala (())
Typed or pr	inted name of signer

SECRETARY OF STATE

Page 3 of 3

Filing Fee: \$25.00