

L07000126518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

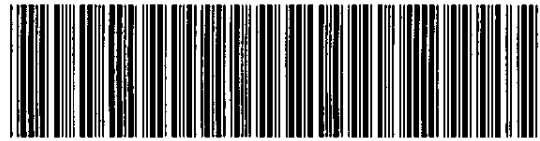
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500158877685

07/28/09--01013--012 \*\*25.00

FILED  
09 JUL 28 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN  
JUL 29 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Advanced Check Processing, LLC  
Name of Limited Liability Company

FILED  
09 JUL 28 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Chris McDonald

Name of Person

Advanced Check Processing, LLC

Firm/Company

10605 Theresa Dr #1

Address

Jacksonville, FL 32246

City/State and Zip Code

check\_processing@yahoo.com

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

For further information concerning this matter, please call:

Chris McDonald

Name of Person

at ( 904 )

379-5271

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Advanced Check Processing, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
09 JUL 28 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/13/2009 and assigned  
Florida document number L07000126518.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)**

Chris McDonald

10605 Theresa Dr #1

Jacksonville, FL 32246

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

Chris McDonald

10605 Theresa Dr #1

Jacksonville, FL 32246

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Chris McDonald

New Registered Office Address:

10605 Theresa Dr #1

Enter Florida street address

Jacksonville

, Florida

32246

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 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:**

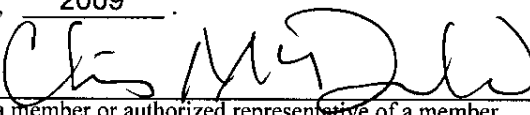
**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Victor Costantini	4783 San Jose Manor Dr W. Jacksonville, FL 32217	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Chris McDonald	10605 Theresa Dr. \1 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated July, 23, 2009



Signature of a member or authorized representative of a member

Chris McDonald

Typed or printed name of signee

**FILED**  
 09 JUL 28 PM 1:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA