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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
A. LUNT					
AUG 1 ! 2010					
EXAMINER					

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08/10/10--01021--005 **25.00

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJEC	C.					
,,,,	···		ted Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
			Chris McDonald			
Advance			ed Check Processing	LLC.		
			Firm/Company			
			1531 Cesery Blvd.			
			Address			
Jacksonville, FL 32211						
	City/State and Zip Code					
	check_processing@yahoo.com E-mail address: (to be used for future annual report notification)					
			·	ort nouncation)		
For furth	her information c	concerning this matter, please o	call:	• • • • • • • • • • • • • • • • • • •		
	Ch	ris McDonald	at (_904_)	619-4784		
Name of Person			Area Code &	Daytime Telephone Number		
Enclose	ed is a check for t	he following amount:				
▼ \$25.	00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is e	\$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		Registration Division of Cliffon Bui	Corporations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adva	nced Check Liability Compa Florida Limited I	Processing LLO ny as it now appears of Liability Company)	On our records.)			
The Articles of Organization for this Limited L. Florida document numberL0700012		were filed on	12/20/2007	and assigned		
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	oility company here:				
The new name must be distinguishable and end win. L.L.C."	th the words "Lim	ited Liability Company	," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applie	rable:	1531 Cesery Bl	vd	<u> </u>		
(Principal office address MUST BE A STREI	ET ADDRESS)	Jacksonville, Fl	_ 32211	<u> 75</u>		
				<u> </u>		
Enter new mailing address, if applicable:		1531 Cesery Bl	vd	्र ज		
(Mailing address MAY BE A POST OFFICE	Jacksonville, FL 32211					
B. If amending the registered agent and registered agent and/or the new registered of	• • •		r records, <u>enter 1</u>	ne name of the new		
Name of New Registered Agent:	Chris McDo	Chris McDonald				
New Registered Office Address:	wood Ave					
<u> </u>	Enter Florida stre			CNN		
	acksonville	, Florida	32211			
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. Thereby 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Address</u> Type of Action <u>Title</u> <u>Name</u> MGR Chris McDonald 1531 Cesery Blvd 🚺 Add Remove Jacksonville_FL 32211___ Victor Costantini 1531 Cesery Blvd MGR Jacksonville, FL 32211 Remove Remove ∏ Add ☐ Remove \Box Add □Remove ∏Add __Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Updating all address's and updating MGR's info 06/02 2010 Dated _ Signature of a member or authorized representative of a member Chris McDonald

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00