

L08 000 106626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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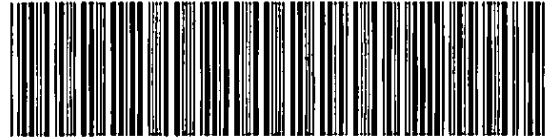
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32311

53
7/13/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cash Plus of Dundee 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:

To RANDALL SCHRADER
Name of Person

Cash Plus of Dundee
Firm/Company

28019 Hwy 27
Address

Dundee, FL 33838
City/State and Zip Code

Cash Plus@Bejacy.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall Schrader at (863) 439-5848
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

21 JUN 16 PM 11:57
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cash Plus of Dundee LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11-17-2008 and assigned Florida document number LD8000106626.

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 contain 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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 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

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21 JUN 11 PM 1:55
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Dundee, Randall-Schrader	Cash Plus of	<input type="checkbox"/> Add
		28019 Hwy 27	<input type="checkbox"/> Remove
		Dundee, FL 33838	<input checked="" type="checkbox"/> Change From
MGRM	RANDALL Schrader		<input type="checkbox"/> Add
		28019 Hwy 27	<input type="checkbox"/> Remove
		Dundee, FL 33838	<input checked="" type="checkbox"/> Change To
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 10th . 2021

T. Darrell Schneider
Signature of a member or authorized representative of a member

T. Randall Schrader
Typed or printed name of signee

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21 JUN 16 PM 11:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00