

LD9 000013865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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EXAMINER



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10/30/09--01016--011 \*\*30.00

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 OCT 30 PM 1:03

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EASY CHECKS TO CASH 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:

ANN Z CARTER

Name of Person

EASY CHECKS TO CASH LLC

Firm/Company

640 NE SANTA FE BLVD

Address

HIGH SPRINGS, FL 32643

City/State and Zip Code

EASYTAX@WINDSTREAM.NET

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

For further information concerning this matter, please call:

MARLA COPELAND ESTY

Name of Person

at ( 386 ) 454-8959

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**EASY CHECKS TO CASH 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 02/08/2009 and assigned  
Florida document number L09000013865.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

ANN Z CARTER

New Registered Office Address:

640 NE SANTA FE BLVD

*Enter Florida street address*

HIGH SPRINGS

, Florida

32643

*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>
MGRM	ANN Z CARTER	230 NE 8TH AVE HIGH SPRINGS, FL 32643	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ESTAN G MOSHER	20251 NW 254TH WAY HIGH SPRINGS, FL 32643	<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.)**

NEW MEMBERS WILL EACH HOLD 35% OF THE LIMITED LIABILITY

COMPANY OWNERSHIP. ORIGINAL OWNER WILL HOLD 10% OWNERSHIP.

Dated \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Signature of a member or authorized representative of a member

\_\_\_\_\_  
 Typed or printed name of signee