

L09000038021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

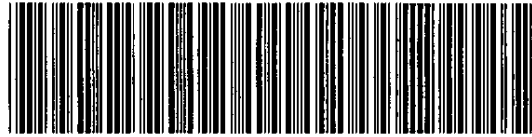
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 13 AM 8:32

AUG 14 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J MONEY
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:

RICHARD M. SLATCHERT
Name of Person

Firm/Company

8465 HIGHPOINT BLVD.
Address

BROOKSVILLE, FL 34613
City/State and Zip Code

RICHSLAJ@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD SLATCHERT at (302) 597-1570
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

21 July 2009

RE: J Money Lidquidats LLC

Doc#09000038021

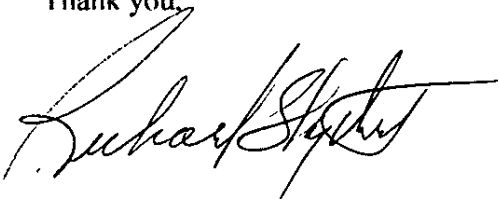
Dept. Of State
Division of Corporations
P.O.Box 6327
Tallahassee,Fl.,32314

Dear Secretary.

When we originally filed our request for a Certificate of Status on 22 April 2009, we inadvertently reflected our name as J Money Liquidators, instead of J Money Wholesale & Liquidators LLC. I currently have my Florida Auctioneers licence, however in attempting to acquire my auctioneer business license they require that I apply for a name correction with your office. I am attaching the correspondence I am in receipt of from the DBPR office, to this writing along with my original license application to them. If there are any other forms needed to be completed please advise me.

I am attaching my e-mail address for expediency.....slajchert3@aol.com

Thank you.

A handwritten signature in black ink, appearing to read "Richard Slajchert". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Richard Slajchert
Managing Partner



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2009

RICHARD SLAJCHERT
8465 HIGHPOINT BLVD.
BROOKSVILLE, FL 34613

SUBJECT: JMONEYLIQUIDATORS, LLC
Ref. Number: L09000038021

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 209A00025793



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2009

RICHARD SLAJCHERT
8465 HIGHPOINT BLVD.
BROOKSVILLE, FL 34613

SUBJECT: JMONEYLIQUIDATORS, LLC
Ref. Number: L09000038021

We have received your document for JMONEYLIQUIDATORS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 509A00026480

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

09 AUG 13 AM 8:32
SECRETARY OF STATE
DIVISION OF CORPORATIONS

J MONEY LIQUIDATORS 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 4-22-09 and assigned

Florida document number (EIN# 26-4708613)
(L09000038021)

This amendment is submitted to amend the following:

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

J MONEY WHOLESALE + LIQUIDATORS LLC

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)

8465 HIGHPOINT BLVD
BROOKSVILLE FL 34613

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:

RICHARD M. SLATCHEK

New Registered Office Address:

8465 HIGHPOINT BLVD

Enter Florida street address

BROOKSVILLE, Florida 34613

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.

Richard M Slatck
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	RICHARD M SLATCHERT	8465 HIGH POINT BL BRACKSVILLE, FL 34613	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOSEPH CLUMOND	2457 STATLER AVE SPRINGHILL FL 34609	<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 31, 2009

Richard M Slatchert
Signature of a member or authorized representative of a member

RICHARD M. SLATCHERT
Typed or printed name of signee