

L090000064850

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09 SEP - 4 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. G. G. SEP - 8 2009

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cash p 3, 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:

Cathy Green  
Name of Person

C.A.S.H. Holdings  
Firm/Company

1502 W Fletcher Ave, Ste 113  
Address

Tampa, FL 33612  
City/State and Zip Code

clgtpa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Green at (813) 240-0940  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Cashp 3, LLC

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

**FILED**  
09 SEP -4 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L09000064850

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)

1502 W Fletcher Ave  
Ste 113  
Tampa, FL 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

**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:

John C Green

New Registered Office Address:

1502 W Fletcher Ave, Ste 113  
*Enter Florida street address*

Tampa, Florida 33612  
*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	C.A.S.H. Holdings LLC	1502 W Ketchikan Ave Ste 113 Tampa, FL 33612	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	William Johnson	105 Chestnut Ct Royal Palm Beach, FL 33411	<input type="checkbox"/> Add <input checked="" 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 \_\_\_\_\_

Signature of a member or authorized representative of a member

John C. Greer  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP -4 AM 11:01

FILED