## L10000093743

(Requestor's Name)									
, 1									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
L. SELLERS  DEC 1 5 2010  EXAMINER									
EXAMINATION									

Office Use Only

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## ADKINSON LAW FIRM ATTORNEYS AT LAW

CLAYTON J.M. ADKINSON CLAY B. ADKINSON

41 South 6th Street, DeFuniak Springs, FL 32435 Telephone (850) 892-5195 Fax (850) 892-3013 MAILING ADDRESS: Post Office Box 1207 DeFuniak Springs, FL 32435

December 9, 2010

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: CHECK ADVANCE, LLC

Dear Sirs:

Enclosed please find the original of the Articles of Amendment to Articles of Organization to be filed for the above referenced company. Also, enclosed is a check for \$30.00 to cover the cost of filing the amendment. Please file the enclosed document as soon as possible upon your receipt of the same.

Once the document is filed, please provide my office with a Certificate of Status. A self-addressed stamped envelope is enclosed for your convenience in returning the certificate to our office.

Your assistance in this matter is most appreciated. If additional information is needed, please advise.

Sincerely,

CJMA:ch Enclosures Clayton J.M. Adkinson

## **COVER LETTER**

TO:	Registration Se Division of Cor							
SUBJI	· CT·	CHECK /	ADVANCE, LLC					
SUBJI								
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
			Name of Person					
			Firm/Company					
			P.O. BOX 1207					
			Address					
		DeFUN	DeFUNIAK SPRINGS, FL 32435					
			City/State and Zip Code					
		HOO.CO	M					
For fur	ther information c	oncerning this matter, please o						
	CLAY	B. ADKINSON	at ( 850 )	892-	5195			
Name of Person			Area Code & I	Daytime Telep	shone Number			
Enclos	ed is a check for the	ne following amount:						
<b>\$25</b>	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	closed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:		STREET/CO	OURIER A	DDRESS:				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CHE	CK ADVANC	E, LLC		<u></u> .	_	
( <u>Na</u>	me of the Limited Liabi (A Florid	ility Company as it da Limited Liability	now appears ( Company)	on our records.)			
The Articles of Organization	for this Limited Liabilit	y Company were fi	led on	09/07/2010	and	l assign	ed
Florida document number	L10000093763						
This amendment is submitted	to amend the following	<b>;</b> :					
A. If amending name, enter	the new name of the l	imited liability co	mpany here:				
The new name must be distingu "L.L.C."	ishable and end with the	words "Limited Liab	oility Company	," the designation '	'LLC" or	the abbr	eviation
Enter new principal offices a	address, if applicable:						
(Principal office address MU	<u>ST BE A STREET AD</u>	DRESS)					
		<del></del>					<del></del>
Enter new mailing address,	if applicable:		·				
(Mailing address MAY BE A	POST OFFICE BOX)	<u> </u>					
						<u> </u>	
B. If amending the regist registered agent and/or the	ered agent and/or re	gistered office ad	dress on our	records, enter	the nam	e of t	<u>he new</u>
registered agent and/or the	rew registered office a	duress nere			<del></del> -1		
Name of New Regis	tered Agent:				SEC	<b></b>	CI. LEWIS A
New Registered Off	ice Address:				7.7		W.
			Enter	Florida street ad	dréss	ယ	ş entaktirir il il
		Ø1:		, Florida _	्राप्त सम्बद्ध	<u> </u>	
New Registered Agent's Signa	ture if changing Regist.	City				Co <b>de</b>	
THE WAS INCREME TO SERVE A STREET	careq ii changing ixegisti	CICH AECHL			CO (T)	1/2	

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 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 **Address Type of Action** <u>Title</u> <u>Name</u> MGRM FOUR MILE LAND COMPA 47 SHIPYARD ROAD ☐ Add ✓ Remove FREEPORT FL 32439 RONNIE L. BRANNON, JR MGRM 47 SHIPYARD ROAD ✓ Add FREEPORT FL 32439 ☐ Add Remove ☐ Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **DECEMBER 9** 2010 Dated Signature of a member or authorized representative of a member RONNIE L. BRANNON, A MANAGING MEMBER OF FOUR MILE LAND COMPA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00