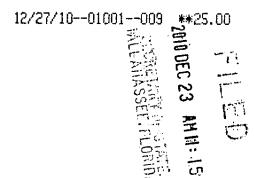
L10000118743

(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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C. LEWIS

DEC 2 7 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2010

LARRY ACORD / VOUCHER SNAP LLC 2539 COOLIDGE AVE. ORLANDO, FL 32804

SUBJECT: VOUCHER SNAP LLC Ref. Number: L10000118743

We have received your document for VOUCHER SNAP LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 710A00028446

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

TO: " Registration Section

Division of	Corporations			
4				
SUBJECT:	VOUC	HER SNAP, LLC		
	Name of L	imited Liability Company		
The enclosed Article	s of Amendment and fee(s) are	submitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
		LARRY ACORD		
		Name of Person		
	<u> </u>	VOUCHER SNAP LLC		
		Firm/Company		
	2539 COOLIDGE AVENUE			
		Address		
		ORLANDO, FL 32804		
,		City/State and Zip Code		
	E-mail address	larrya@abp-pos.com : (to be used for future annual repo	rt notification)	
For further information	on concerning this matter, pleas			
I	ARRY ACORD	407	400 7407	
	ne of Person	at (407)	422-7437 Daytime Telephone Number	
			say tano retopitone realitoer	
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Registration Division of C Clifton Build	Corporations ling ve Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010 DEC 23 AM H: 15

	VOUCHER SNAP LLC	TALLAR	AARY OF STATES ASSEEL FLORIDA
(Name of the Limited	Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)	
(/	A Florida Limited Liability Company)		
The Articles of Organization for this Limited L	iability Company were filed on	11/15/2010	and assigned
Florida document numberL1000011	8743		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applic	cable;		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			· ·
Enter new mailing address, if applicable:	,		
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/registered agent and/or the new registered or		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	LARRY J. ACORD		
New Registered Office Address:	1820 CAPE COD COVE		
	Ent	ter Florida street add	ress
	GRAND ISLAND	, Florida	32735
	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. Thereby 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>	Address	Type of Action
MGRM	HOPE M ACORD	1820 CAPE COD COVE GRAND ISLAND, FLORIDA 32735	Add ✓ Remove
<u>MGRM</u>	LARRY J. ACORD	1820 CAPE COD COVE GRAND ISLAND, FLORIDA 32735	✓ Add Remove
			Add Remove
			Add Remove
	· ·		Add Remove
	·		Add Remove
D. If amend	ing any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	_
		The state of the s	DEC 23
 Dated	DECEMBER 1 2	2010	MI: 15
		er or authorized representative of a member	
		ARRY J. ACORD d or printed name of signee	
	турс	a or britised lightle of signes	

Page 2 of 2

Filing Fee: \$25.00