40000131259

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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T. CLINE
JUL 28 2011
EXAMINER

COVER LETTER

Division of Co					
SUBJECT:	MONE	Y FROG LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	pondence concerning this matter	r to the following:			
		CTEDUEN THOMAS			
		STEPHEN THOMAS Name of Person			
		Name of Ferson			
		MONEY FROG LLC			
		Firm/Company	 		
	4440 PG	SA BOULEVARD, SUITE 600			
		Address			
				음의 얼	
	PALM B	EACH GARDENS, FL 33410			t Mosson
		City/State and Zip Code		2011 JUL 27 SEGRETARY ALLAHASSE	***
	Ste	veThomas@uwclub.net to be used for future annual report notificati		27 SSE	TOWN REAL
	E-man address: (to be used for future annual report notificati	ion)		Family
For further information	concerning this matter, please of	eall:		2011 JUL 27 AM IO: 5.8 SEGRETARY OF STATE ALLAHASSEE, FLORIDA	ي مدين سير د الأ
)	
	PHEN THOMAS	ut (7-7246		
Name of Person Area Code & Daytime Telephone Number			lephone 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 Fe Certificate of S Certified Copy (additional cop	Status & /	

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

MONEY FF (Name of the Limited Liability Compar (A Florida Limited L					
The Articles of Organization for this Limited Liability Company Florida document numberL10000131259	were filed on12/27/2010	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "	LLC" or the abbreviation			
Enter new principal offices address, if applicable:	4440 PGA BOULEVARD, SUI	TE 600			
(Principal office address MUST BE A STREET ADDRESS)	PALM BEACH GARDENS	Pio P			
	FL 33410				
Enter new mailing address, if applicable:		27 ARY SSE			
(Mailing address MAY BE A POST OFFICE BOX)					
		ST. ST.			
B. If amending the registered agent and/or registered off	See address on our records, enter t	DA S			
registered agent and/or the new registered office address here	-	ne name of the new			
Name of New Registered Agent:					
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·			
	Enter Florida street address				
	, Florida				
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

• • • •

<u>Title</u>	Name	Address	Type of Action			
MGR	A3 ENTERPRISES LLC	19946 RIVERSIDE DR JUPITER FL 33469	Add Remove			
MGR	STEPHEN THOMAS	4440 PGA BOULEVARD, SUITE 600 PALM BEACH GARDENS FL 33410	Add Remove 			
	**************************************		Add Remove 			
			Add Remove			
			Add 20 JUL 27 LAHALSARD			
D. If amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Kemove FLORIDS			
			- -			
Dated	JULY 16, 201	1	_			
	Signature of a member o	r authorized representative of a member				
		YSHE KADIR				
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00