

LI 0000131783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

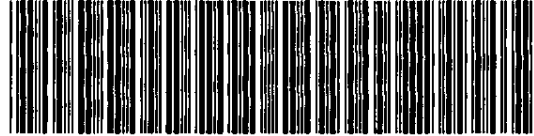
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

MAY 24 2011

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: AJ'S CHECK CASHING 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:

MASOOM ALI

Name of Person

AJ'S CHECK CASHING LLC

Firm/Company

4300 BROADWAY

Address

WEST PALM BEACH

City/State and Zip Code

FLORIDA, 33407

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MASOOM ALI

Name of Person

at (561)

827-2708

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

AJ'S CHECK CASHING 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 Dec. 28, 2010 and assigned Florida document number L10000131783.

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)

4300 Broadway

West Palm Beach

Florida, 33407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4300 BROADWAY

WEST PALM BEACH

FLORIDA, 33407

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TALLAHASSEE, FLORIDA

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:

MASOOM ALI

New Registered Office Address:

4300 BROADWAY

Enter Florida street address

WEST PALM BEACH

Florida

33407

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

Title	Name	Address	Type of Action
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MGR	JAWAD AHMED	880 SUMMIT LAKE DR WEST PALM BEACH FLORIDA, 33406	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	MASOOM ALI	4300 BROADWAY WEST PALM BEACH FLORIDA, 33407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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officer/director	MASOOM ALI	4300 Broadway West Palm Beach Florida, 33407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 05/13, 2011.

Signature of a member or authorized representative of a member

MASOOM ALI

Typed or printed name of signee

2011 MAY 23 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED