## 1100023209

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**EXAMINER** 



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11 APR 22 PM 3: 10
SECRETARY OF STATE
ALLAHASSEE. FLORIDA

## **COVER LETTER**

	tration Section on of Corporations	· ·			
SUBJECT: _	MyC	CashQuiz LLC			
_		imited Liability Company			
The enclosed A	articles of Amendment and fee(s) are s	submitted for filing.			
Please return a	d correspondence concerning this matter	ter to the following:			
		James W Murrell			
		Name of Person			
	MyCashQuiz LLC				
Firm/Company					
		8061 Kingswood Way			
		Address			
		Melbourne, FL 32940			
	* ************************************	City/State and Zip Code			
	F-mail address	bknFL@hotmail.com s: (to be used for future annual report notification)			
For further info	ermation concerning this matter, please				
James W Murrell		at ( 321 ) 693-7211			
	Name of Person	Area Code & Daytime Telephone Number			
	neck for the following amount:				
\$25.00 Filir	g Fee \$30.00 Filing Fee & Certificate of Status				
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations			
		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MyCa	shQuiz LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now apper nited Liability Company)	ars on our records.)	<u></u>
The Articles of Organization for this Limited Liability Con	npany were filed on	Feb. 23, 2011	and assigned
Florida document number L11000023209			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company he	ere:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	CR AR	A The state of the
Enter new mailing address, if applicable:		ASSEE, FLI	3 M
(Mailing address MAY BE A POST OFFICE BOX)		OR DA	
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		our records, enter the	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street addre	ess
	. 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, 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 Title **Name** Michele C. Murrell MGR \_□ Add ☑ Remove 8061 Kingswood Way Melbourne, FL 32940 Remove Remove \_\_\_\_\_\_ Remove \_\_\_\_\_\_\_Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated April 19 2011 Signature of a member of authorized representative of a member Jack Murrell Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00