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(Ac	ddress)	
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K.SALY EXAMINER APR - 6

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Flor	nda rap, LLC Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
riease return an correspo	_	1 Woofer Name of Person	
		Firm/Company	
	Braden	Address Address FL 34208 City/State and Zip Code Sa fen Cyanos · com to be used by June annual report notifica	
	Kecnaru E-mail address: (City/State and Zip Code Sa fen Cyahoo Com to be used for luture annual report notifica	ation)
Keenan M		all: at (941) 704-67 Area Code Daytime T	46
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fce	☐ \$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 ARTICLES OF ORGANIZATION OF

1	•	
ARTICLES OF O	RGANIZATION	211 11
\mathbf{O}	F	2010.
Elicil O	•	2016 APR -4 PM 1: 19
TIOFIDA KAP. COM LLC	y as it now appears on our recor	de Visita 2
Florida Rap. Com LLC (Name of the Limited Liability Compar (A Florida Limited L.	iability Company)	us.) HASSEF TO ALL
The Articles of Organization for this Limited Liability Company	wara filed on 1/6/12	and assigned
<u>.</u>	were filed on	and assigned
Florida document number <u>L12000002862</u> .		
This amendment is submitted to amend the following:		
A If	lity company bores	
A. If amending name, enter the new name of the limited liabi	my company nere:	
Mother Dollar LLC The new name must be distinguishable and contain the words "Limited Liability Inches the Contain the words "Limited Liability Inches the Contain the words "Limited Liability Inches the Contain the Words".	to Community the designation SUL	C" as the abbreviation "L. C."
The new name must be distinguishable and contain the words "Limited Liabili		_
Enter new principal offices address, if applicable:	3423 31st Str Bradenton FC	rect tast
(Principal office address MUST BE A STREET ADDRESS)	Bradentay FL	34208
	1	
Enter new mailing address, if applicable:	P.O. BOX 44	34206
(Mailing address MAY BE A POST OFFICE BOX)	Bradenton FC	34206
B. If amending the registered agent and/or registered of	fice address on our record	ds, enter the name of the ne
registered agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	288
•	F	lorida
	City	lorida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED 2016 APR -4 PM 1: 19 Type of Action

FAIL AHASSEE TIME! MGR = Manager AMBR = Authorized Member **Address** <u>Title</u> **Name** □ Remove ☐ Change ☐ Remove □ Change _ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Filing Fee: \$25.00