L1200051293

(Requestor's Name)				
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(Cri	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				



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08/08/12--01006--004 **25.00



08/06/2012

To Whom It May Concern:

Attached is my completed amendment form to remove Kevin Petithomme from the LLC, Florida document number L12000051293. If you have any questions, please feel free to call me at 754-368-3848.

Thank you,

David Gauthier

COVER LETTER

TO: Registration Secti Division of Corpo						
SUBJECT:DJKM CHECK CASHING STORE OF MARGATE, LLC						
	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	DAVID G GAUTHIER					
		Name of Person				
DJKM CHECK CASHING STORE OF MARGATE, LLC						
		Firm/Company				
	630 SOUTH STATE ROAD 7					
		Address				
		MARGATE, FL 33068				
		City/State and Zip Code				
WIRELESSANDMULTISERVICES@GMAIL.COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
DAVID (GAUTHIER	at (754)	368-3848			
Name of Po	erson	Area Code & Dayt	ime Telephone Number			
Enclosed is a check for the t	_					
\$25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED,

12 咸店 -8 PM 2:58

DJKM CHECK CASHING STORE OF MARGATE, LLC SECRETARY OF STATES

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	npany were filed on	04/16/2012	and assigned	
Florida document number L12000051293			_	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>			
Enter new mailing address, if applicable:	630 SOUTH STATE ROAD 7			
(Mailing address MAY BE A POST OFFICE BOX)	MARGATE, FL 33068			
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses		our records, enter t	he 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, 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 <u>Name</u> <u>Address</u> Type of Action MGRM **KEVIN PETITHOMME** 630 SOUTH STATE ROAD 7 ☐ Add
✓ Remove MARGATE, FL 33068 ☐ Add Remove ☐ Add Remove ∏Add Remove ∐Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 06** 2012 Dated ____ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

DAVID G GAUTHIER
Typed or printed name of signee