## L120000 83725

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(Ac	ldress)	
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SECRETARY OF STATE

J. BRYAN

JUL - 5 2012

**EXAMINER** 

, <b>)</b>	ı Đ				
	•	COVER LETTER			
TO: Registration S Division of Co	ection rporations				
SUBJECT:		P TO DOLLARS LL	С		
	Name of Limi	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:		2012 JUL -2 PH 3: 55 SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE. FLORIDA	77
		PAUL FRASON			
		Name of Person		SSE S	m
		LEDGERPLUS		E GF	O
		Firm/Company		3: 5 <u>.</u>	
	150 SOUTH	UNIVERSITY DRIVE,	SUITE C	少	
		Address			
٠	PLAN	TATION, FLORIDA 333	324		
		City/State and Zip Code			
	PFRAN	SON@LEDGERPLUS.	СОМ		
	E-mail address: (	to be used for future annual report	notification)		
For further information	concerning this matter, please of	eall:			
PA	UL FRANSON	at ( 954 )	472-9144		
Name	of Person	Area Code & Da	aytime Telephone 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 enc		te of Status &	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** MY ROAD MAP TO DOLLARS LLC

(Name of the Limited	Liability Company as it now appe Florida Limited Liability Company	ars on our records.)	بي ن
(A	riorida Elitited Elability Company	)	97 5
The Articles of Organization for this Limited Li	iability Company were filed on	JUNE 26, 2012	and assigned
Florida document numberL12000083	3725		
	•		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company he	ere:	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Com	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applic	able:		<del>_</del>
(Principal office address MUST BE A STREE	TADDRESS)	· · · · - · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/		our records, enter th	e name of the new
registered agent and/or the new registered of	nice address nere:		
Name of New Registered Agent:	,		
New Registered Office Address:			
New Registered Office Address.	E	Inter Florida street addr	?ss
		. Florida	

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

Zip Code

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

MGKM - N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BRUCE PROCTER	10400 TAFT STREET PEMBROKE PINES FL 33026 US	Add Remove
MGR_	PAULA PROCTER	10400 TAFT STREET PEMBROKE PINES FL 33026 US	
			Add Remove
<del></del>			Add Remove
			AddRemove
	·		Add Remove
D. If amen	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary	2812 JUL -2 SECRETARY TALLAH SSE
_ _ _			PH 3: 55
Dated	Signature of a me	mber or authorized representative of a member	
	BRUT	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00