# 112000083725

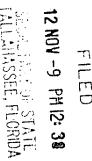
(Re	questor's Name)	
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

## MY ROAD MAP TO DOLLARS 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:

# **PAUL FRANSON**

Name of Person

## **LEDGERPLUS**

Firm/Company

### 150 SOUTH UNIVERSITY DRIVE, SUITE C

Address

# PLANTATION, FLORIDA 33324

City/State and Zip Code

## PFRANSON@LEDGERPLUS.COM

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

For further information concerning this matter, please call:

## PAUL FRANSON

<sub>...</sub>954、472-9144

Name of Person

Area Code & Daytime 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 enclosed)

□\$50.00 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**

FILED

12 NOV -9 PM 12: 38

#### MY ROAD MAP TO DOLLARS LLC

(Name of the Limited Liability Company as it now appears on our records:) (Name of the Limited Liability Company) (A Florida Limited Liability Company) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company were filed on 07/02/2012	and assigned
Florida document number L12000083725	<del></del>	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
		<del></del>
Fig. 4		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	· <del>-</del>	ter the name of the new
registered agent and/or the new registered offic	e auditess nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address ·
	,	a
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BRUCE PROCTER	10400 TAFT STREET	Add
		PEMBROKE PINES FL 33026 US	S Remove
			<del></del>
			Add
		<u>-</u>	Remove
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11- 6 Brue	e Procter
11-6 Brue Signat	, Zoiz.  Rectangle of a member of a member

Page 3 of 3

Filing Fee: \$25.00

12 NOV -9 PH 12: 38