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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
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(C	Oocument Number)	
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TO:

Registration Section
Division of Corporations

ALL HAPPY CASH BUYES, 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:

	KEONDRA E	BARNER		
		Name of Person		
		Firm/Company		
	2251 NW 15	3RD STREET		
		Address		
	MIAMI, FL 3	3054		2914 AUG
		City/State and Zip Code		75.00 75.00
	E-mail address: (t	o be used for future annual report notific	ation)	
For further information c	oncerning this matter, please ca	dl:		PH 12: 52
KEONDRA	BARNER	786, 768-36	334	NO. 52
Name o	f Person		Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

ALL HAPPY CASH BUY	ER, LLC		
(Name of the Limit	ed Liability Compa (A Florida Limited	nny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited L Florida document number L13000021736 This amendment is submitted to amend the following the content of the	·	were filed on <u>02/11/20</u>	13 n and assigned 5
A. If amending name, enter the new name o		oility company here:	
The new name must be distinguishable and end with the	words "Limited Lial	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	2251 NW 153RD S	STREET
(Principal office address MUST BE A STREE	T ADDRESS)	MIAMI, FL 33054	
Enter new mailing address, if applicable:		2251 NW 153RD S	STREET
(Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL 33054	
B. If amending the registered agent and registered agent and/or the new registered or	or registered of fice address her	office address on our rec	eords, enter the name of the new
Name of New Registered Agent:	KEONDRA	A BARNER	
New Registered Office Address:	2251 NW	153RD STREET	
	-	Enter Florida street a	ektress
	MIAMI GA	RDENS	, Florida <u>33056</u>
		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 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Man AMBR = Auth	ager Porized Member		
<u>Title</u>	Name	Address	Type of Action
MGF	JEAN-BAPTISE	2350 NW 152ND TERR	<u>∤</u> ∧dd
		MIAMI, FL 33054	Remove
<u>AMB</u> 仁	KEONDRA BAF/164	2251 NW 153RD STRE	
		MIAMI GARDENS, FL 3]: Remove
			2014 SUdd Remove 12: 52
			Remove Add Remove
			Add Remove

	
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and	(optional) a cannot be more than 90 days after
e date this document is filed by the Florida Department of State)	
•	
ILII V 20 2014	
ILII V 20 2014	
ILII V 29 2014	sentative of a member
JULY 29 , 2014	sentative of a member

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Filing Fee: \$25.00