

L 13000066970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

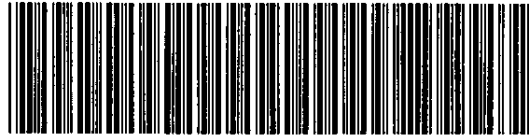
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900249995929

07/23/13--01014--012 **25.00

FILED
13 JUL 22 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 24 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ALL-N-ONE CHECK CASHING, 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:

GINA GREEN

Name of Person

ALL-N-ONE CHECK CASHING, LLC

Firm/Company

4287 NW 167TH STREET

Address

MIAMI GARDENS, FL 33055

City/State and Zip Code

ALL.N.ONE0001@GMAIL.COM

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

For further information concerning this matter, please call:

GINA GREEN

Name of Person

at (**305**) **628-0001**

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)

☐ \$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
TO
ARTICLES OF ORGANIZATION
OF**

ALL-N-ONE CHECK CASHING, LLC

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

FILED
13 JUL 22 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/07/13 and assigned
Florida document number L13000066970.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GINA GREEN

New Registered Office Address:

4287 NW 167TH STREET

Enter Florida street address

MIAMI GARDENS

City

, Florida 33055

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GINA GREEN	4287 NW 167TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FL	<input type="checkbox"/> Remove
		33055	
MGR	KEVIN GREEN	4287 NW 167TH STREET	<input type="checkbox"/> Add
		MIAMI GARDENS, FL	<input checked="" type="checkbox"/> Remove
		33055	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 18, 2013



Signature of a member or authorized representative of a member

GINA GREEN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00