

U17000070950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE OF NEW YORK
ALBANY COUNTY
CLERK OF COURT

APR 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Less Cash & More Start-A, 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:

Enrique O. Rodriguez
Name of Person

23109 Eagles Watch Dr.
Firm/Company Address

Land O' Lakes, FL 34639
City/State and Zip Code
gorodz@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enrique O. Rodriguez at 813 877-4983
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)

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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

and assigned

5/15/13

The Articles of Organization for this Limited Liability Company were filed on

Florida document number L13000070950

This amendment is submitted to amend the following:

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

4417 W. Burke St. LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Gregory O. Rodriguez
23409 Eagles View Dr
Land O Lakes, FL 34639

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:

New Registered Office Address:

Enter Florida street address

Florida

Zip Code

City

New Registered Agent's Signature, if changing Registered Agent:

I, _____, consent the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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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 = Manager
AMBR = Authorized Member

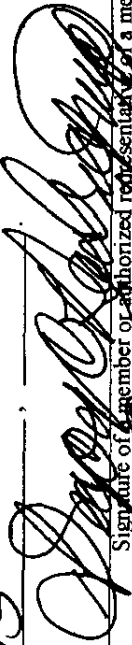
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U.S. DEPARTMENT OF JUSTICE
FBI

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/24/15



Signature of member or authorized representative of a member
Gregory C. Kadriguez

Typed or printed name of signer