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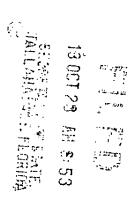
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL .
(Business Entity Name)	
(Document Number)	<u>. </u>
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October 10, 2013

JAVIER MARTINEZ 792 N SR 434 SUITE 124 ALTAMONTE SPRINGS, FL 32714

SUBJECT: MONEYTREESOFTWARE LLC

Ref. Number: L13000135548

We have received your document for MONEYTREESOFTWARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 113A00023827

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

TO: Registration of Division of	n Section Corporations
SUBJECT: MO	VEYTREESOFTWARE LLC Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Javier Martinez
	Name of Person
	Firm/Company
	792 N SR 434 Swite 124
	Altamonte Springs, FL 32714 City/State and Zip Code hub 355 @gmail. Com
	hub 355 @ 9 mail. Com E-mail address: (to be used for future annual report notification)
	ion concerning this matter, please call:
DA	ner Martincz at 47, 196-0888 Area Code & Daytime Telephone Number
N	
Enclosed is a check	for the following amount:
\$25.00 Filing Fe	
, -	Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy
	(additional copy is enclosed) (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

MONEYTREESOFTWARE	
(A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L13000135548</u> .	ny were filed on 9/25/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
MONEYTREE SOFTWARE	UC
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	792 N SR 434 Suite 124
(Principal office address MUST BE A STREET ADDRESS)	Altamonte Springs, FL 32714
Enter new mailing address, if applicable:	792 N SR 434 Swite 124
(Mailing address MAY BE A POST OFFICE BOX)	Alfamonte Springs, FL
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent: Dav	id Taylor Douglas
New Registered Office Address: 469 H	Iden MDWS APT LP 101
Fern	Enter Florida street address Park , Florida 32930
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> **Name Address Type of Action** Khanitha Baker MGRM 6953 Blair Dr Remove Remove Remove Remove

f amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Charier Il Partines
	Signature of a member of authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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