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B. BOSTICK

OCT 2 4 2013

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

BUSINESS FAST CASH, 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:

DONNA STREUBEL

Name of Person

BUSINESS FAST CASH, LLC

Firm/Company

1520 N WICKHAM ROAD

Address

MELBOURNE, FL 32935

City/State and Zip Code

ADMIN@BIZFASTCASH.COM

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

For further information concerning this matter, please call:

DONNA STREUBEL

321 872-8758

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)

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

BUSINESS FAST CASH, LLC.

(Name of the Limited (A	Liability Company as it no Florida Limited Liability Co	w appears on ou ompany)	ır records.)	
The Articles of Organization for this Limited Li Florida document number L13000146933	ability Company were file	d on OCTOBE	ER 25, 2013	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability com	pany here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liabili	ty Company," th	e designation "LL	C" or the abbreviation
Enter new principal offices address, if application	able:		_	2
(Principal office address MUST BE A STREE	T ADDRESS)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 CCT 23
Enter new mailing address, if applicable:				7
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			4: 12
B. If amending the registered agent and/or the new registered of		ress on our re	cords, <u>enter th</u>	e name of the new
Name of New Registered Agent:	DONNA STREU	BEL		
New Registered Office Address:	1627 ZAFFER S	 	rida street addre	
	5 5 5.		riaa sireei aaare	ess
	PALM BAY, FI	_ 32901	, Florida	Zip Code
New Registered Agent's Signature, if changing F	legistered 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>	<u>Name</u>	Address	Type of Action
MGRM	DONNA BUTLER	1627 ZAFFER ST	Add
		PALM BAY, FL 32907	Remove
MGRM	KELLY ALLEN	748 WYETH ST	Add
		WEST MELBOURNE, FL 32904	Remove
MGRM	DONNA STREUBEL	1627 ZAFFER ST	Add
		PALM BAY, FL 32907	Remove
MGRM	KELLY HOWARD	748 WYETH ST	0CT 2 Add
		WEST MELBOURNE, FL 32904	Remove
			Add
			Remove
			Add
			Remove

P. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated OCTOBER 21 2013
Danna Strubel
Signature of a member or authorized representative of a member
DONNA STREUBEL
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00

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