

L14000059310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

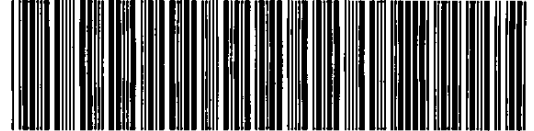
(Business Entity Name)

(Document Number)

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2014 OCT -1 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 2 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: payless solutins, 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:

Shirin Imani

Name of Person

payless solutions, llc

Firm/Company

8803 Futures dr. , suite 10

Address

Orlando fl 32819

City/State and Zip Code

ezmortgagetogo@yahoo.com

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

/custserv306@gmail.com

2014 OCT - 1 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William Castro

Name of Person

at (407)

Area Code

257-3891

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2014

SHIRIN IMANI
8803 FUTURES DR.
SUITE 10
ORLANDO, FL 32819

SUBJECT: PAYLESS SOLUTIONS, LLC
Ref. Number: L14000059310

2014 OCT -1 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PAYLESS SOLUTIONS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P95000035217.

Please return 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.

Tammi Cline
Regulatory Specialist II

Letter Number: 214A00020475



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2014

SHIRIN IMANI
8803 FUTURES DR.
suite 10
ORLANDO, FL 32819

SUBJECT: PAYLESS SOLUTIONS, LLC
Ref. Number: L14000059310

2014 OCT -1 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PAYLESS SOLUTIONS, 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):

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The document number of the name conflict is P11000006539.

The effective date must be specific and cannot be prior to the date of filing.

Please return 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.

Tammi Cline
Regulatory Specialist II

Letter Number: 614A00018545



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2014

SHIRIN IMANI
8803 FUTURES DR.
ORLANDO, FL 32819

SUBJECT: PAYLESS SOLUTIONS, LLC
Ref. Number: L14000059310

2014 OCT - 1 AM 09:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PAYLESS SOLUTIONS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

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The document number of the name conflict is P11000006539.

The effective date must be specific and cannot be prior to the date of filing.

Please return 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.

Tammi Cline
Regulatory Specialist II

Letter Number: 614A00018545

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

payless solutions llc

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

The Articles of Organization for this Limited Liability Company were filed on 4/05/2014

Florida document number L14000059310

This amendment is submitted to amend the following:

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

All US Marketing 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:

5126 Vista Lago drive

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL., 32811

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5126 vista Lago drive

Orlando, FL., 32811

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:

William Castro

New Registered Office Address:

5126 Vista Largo drive

Enter Florida street address

Orlando

Florida 32811

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

If ~~adding~~ ~~an~~ ~~authorized~~ ~~Member~~ on our records, enter the title, name, and address of each member or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	William Castro	5126 Vista Lago drive Orlando FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgr	Shirin Imani	8803 Futures dr #10A Orlando FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2014 OCT - 1 AM 8:16
SECRETARY OF STATE
ALLIANCE HASBRO
FLORIDA

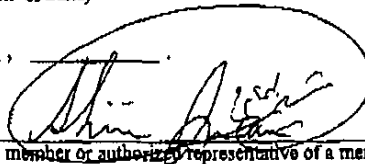
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

All the future profit, asset and loss of this Company
including licensing and liabilities is transfer
to the new owner

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 04/15/2014



Signature of a member or authorized representative of a member

SHIRIN IMANI

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT - 1 AM 8:16