

L14000101415

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(Address)

(Address)

(City/State/Zip/Phone #)

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D. BRUCE  
SEP 28 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2016

ALEXANDRA GOMEZ MORENO  
9986 ARMANDO CIRCLE  
ORLANDO, FL 32825

SUBJECT: MEGA CASH SERVICES, LLC.  
Ref. Number: L14000101415

We have received your document for MEGA CASH SERVICES, 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 registered agent must sign accepting the designation.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 816A00019580

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEGA CASH SERVICES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRA GOMEZ MORENO

Name of Person

MEGA CASH SERVICES, LLC

Firm/Company

9986 ARMANDO CIRCLE

Address

ORLANDO FL. 32825

City/State and Zip Code

GEOMEL1962@HOTMAIL.COM

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

For further information concerning this matter, please call:

ALEXANDRA GOMEZ MORENO

646 488-9962

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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2016 SEP 26 P 6:17  
TALLAHASSEE FLORIDA

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

MEGA CASH SERVICES, 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 JUNE 25, 2014 and assigned Florida document number L14000101415.

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 contain 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)

9986 ARMANDO CIRCLE

ORLANDO, FL 32825

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:

ALEXANDRA GOMEZ MORENO

New Registered Office Address:

9986 ARMANDO CIRCLE

*Enter Florida street address*

ORLANDO

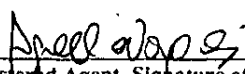
*City*

Florida 32825

*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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	ALEXANDRA GOMEZ MORENO	9986 ARMANDO CIRCLE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BALDOMERO VAZQUEZ SR	10120 WINDER TRAIL	<input type="checkbox"/> Add
		ORLANDO, FL 32817	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2016 SEP 26 PM 6:17  
TALLAHASSEE, FLORIDA

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2015 SEP 26 PM 6:17  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 22, 2016

ALEXANDRA GOMEZ MORENO

Typed or printed name of signee