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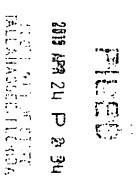
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COVER LETTER

	sion of Corporations ATTB, ELC					
SUBJECT: _		Name of Limited Liability Company				
The enclosed A	rticles of z	Amendment and fee(s) are sub-	mitted for filing.			
Please return al	Leorrespor	ndence concerning this matter (to the following:			
		Vladimir Kovrizhnykh				
			Mame of Limited Liability Company diment and fee(s) are submitted for tiling. e concerning this matter to the following: adimir Kovrizhnykh Name of Person Firm/Company 10 Bayview dr. PH29 Address Inny Isles Beach, FL 33160 City/State and Zip Code 15586@gmail.com E-mail address to be used for luture annual report nonfication) ning this matter, please call: at (786) 6091558 at (786) Daytime Telephone Number owing amount: \$30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) ADDRESS: STREET/COURIER ADDRESS:			
		ATTB, LLC				
SUBJECT: The enclosed Arti Please return all c		Firm/Company				
		100 Bayview dr. PH29				
For further inf Vladimir Kov			Address			
		Sunny Isles Beach, FL 331	60			
		6091558@ gmail.com	City/State and Zip Code			
		Iz-mail address ()	o be used for luture annual report not	ification)		
For further info	ormation co	oncerning this matter, please ca	dl:			
Vladimir Kovr	izhnykh					
	Name of	Person	Area Code Daytir	ne Telephone Number		
Enclosed is a c	heck for th	ne following amount:				
		□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy		
		ING ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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TO:

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILM

ATTB, LLC (Name of the Limited Liability Company as it now appears on our records.) 2: 34 The Articles of Organization for this Limited Liability Company were filed on 93/L0/2015 Y CT CT A and assigned IALLKHASULU-I COMPANY and assigned Florida document number 1.15000043490 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Money Shop, LLC The new name must be distinguishable and contain the words "f initied I iability Company," the designation "L.L.C." or the abbreviation "L.L.C." 15807 Biscavne Blvd, #213 Enter new principal offices address, if applicable: North Miami Beach, FL 33160 (Principal office address MUST BE A STREET ADDRESS) 100 Basview drapt, PH29 Enter new mailing address, if applicable: Sunny Isles Beach, FL 33160. (Mailing address MAY BE A POST OF FICE 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: Vladimir Kovrizhnykh Name of New Registered Agent: 15807 Biscavne Blvd, #213 New Registered Office Address: Enter Florida street address _____. Florida 33160 Zip Code North Miami Beach

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.

H'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

Type of Action Title <u>Name</u> Address □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change \square Add □ Remove _□ Change □ Add ☐ Remove ☐ Change

D. If amending any other inform	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
<u></u>		
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Block does not meet the applicable statutory filing requirements, this date will not be listed a	07 (3)(as the
f the record specifies a delaye b) The 90th day after the re	ed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier ecord is filed.	of:
Dated April 20th	2019	
-		
	Signature of a member or authorized representative of a member	
VLADIMIR KOVRIZ	HNYKH	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00