# L16000130146

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Document Number)				
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## COVER LETTER

TO: Registration Section **Division of Corporations** 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: For further information concerning this matter, please call: Name of Person Enclosed is a check for the following amount: \$60.00 Filing Fee. \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Home Furbisher	2 MC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number 16000130146	were filed on 7-11-16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  Rapid Merchant Cash  The new name must be distinguishable and contain the words "Limited Liabil	<del>-</del>	previation " L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	n/A	0, 6 0, T
Enter new mailing address, if applicable:	n/A	COMPAND TO THE PROPERTY OF THE
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 amending Authorized Pérson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Tective date, if other than the date an effective date is listed, the date must be specified to the specified that the specifie	of filing:	be prior to date o	f filing or more than 9	(optional)	ursuant to 605.0207 (
ote: If the date inserted in this block of ocument's effective date on the Departi	oes not meet the	e applicable stat	utory filing require	ments, this date wi	Il not be listed as the
e record specifies a delayed effo The 90th day after the record i	ective date, l s filed.	out not an ei	fective time, at	12:01 a.m. on	the earlier of:
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Robert	PATTO	عــــــــــــــــــــــــــــــــــــ			
Signa					

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Filing Fee: \$25.00