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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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COVER LETTER

TO:	Registratio Division o	ion Section of Corporations	
eum tez		lla - CCF, LLC	
SUBJEC	.1:	Name of Limited Liability Company	<u> </u>
		eles of Amendment and fee(s) are submitted for filing.	
Please re	turn all cor	prespondence concerning this matter to the following:	
		Jennifer Flowers	
		Name of Person	
		Community Choice Financial Inc.	
		Firm/Company	
		6785 Bobeat Way, Suite 200	
		Address	
		Dublin, OH 43016	
		City/State and Zip Code	
		jflowers@ccfi.com E-mail address: (to be used for future annual report notification)	
For furth	er informa	ation concerning this matter, please call:	
Jennifer	Flowers	614 760-2704	
	N	at () Name of Person Area Code Daytime Telephone N	umber
Enclosed	l is a check	k for the following amount:	
\$25.0	00 Filing F	Certificate of Status Certified Copy Ce (additional copy is enclosed) Certified Copy	.00 Filing Fee. rtificate of Status & rtified Copy ditional 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

Estrella - CCF, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our recorded Liability Company)	<u>S.</u>)
The Articles of Organization for this Limited Liability Compa florida document number $\frac{117000202258}{1000000000000000000000000000000000000$	ny were filed on 9/29/2017	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
MD-JV, LLC		
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
• •		
<u> Principal office address MUST BE A STREET ADDRESS)</u>		
inter new mailing address, if applicable:		7 8
Mailing address MAY BE A POST OFFICE BOX)	•	
		<u> </u>
B. If amending the registered agent and/or registered	office address on our records	s, enter the name of the
egistered agent and/or the new registered office address h	ere:	9. 4. 5
		7
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	
	FI	orida
	Cuv	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>	Name	<u>Address</u>	Type of Action
			D Add
			□ Remove
			☐ Change
			🗆 Add
			🗖 Remove
			Change
		_	□ Remove
_			
			© Remove
			☐ Change
			☐ Remove
			□ Remove
			☐ Change
			to Change

Effective date, if other than the date of filing: [an effective date, if other than the date of filing: [an effective date is listed, the date must be specific and commot be prior to date of filing or more than 90 days after filing.) Pursuant 6 005.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed incurrent's effective date on the Department of State's records. The pott day after the record is filed. Dated October 3 2017 Additional October 3 2017			
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The 90th day after the record is filed. October 3 2017		•	
Signature of a member or authorized representative of a member		ime, at 12:01 a.m. on th	ne earlier o
Signature of a member or authorized representative of a member	ated October 3 2017		
Mignature of a member or authorized representative of a member	Janufu Flowers		
	Signature of a member or authorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00