L18000030520

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COVER LETTER

TO:

Registration Section Division of Corporations

/ A A A A A A A A A A A A A A A A A A A	NOLOGIES USA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FARID SHIDFAR		
	-	Name of Person	
	MO TECHNOLOGIES U	SA LLC	
		Firm/Company	
	3401 NORTH MIAMI AV	'E SUITE 201	
		Address	
	MIAMI, FL - 33127		
		City/State and Zip Code	
	farid@motechnologiesusa.c		
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
FARID SHIDFAR		213 448-0769	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 5 Division of C P.O. Box 632 Tallahassee,	Section Torporations 27	Street Address: Registration Sec Division of Con The Centre of To 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MO TECHNOLOGIES USA 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 $\frac{02 - 02 - 2018}{1}$ and assigned Florida document number <u>L18000030520</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MO INSTANT CASH LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) \geq 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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
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Effective date, if other than the first an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not m	eet the applical	date of filing or noble statutory filin	ore than 90 days af g requirements, t	tional) der filing.) Pursuant his date will not b	to 605,020 be listed a
e record specifies a delayed effect d is filed.	tive date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th da	y after the
		2020				
Out of 104 - 28		2020				
Dated 04 - 28	 ? .	2020	_ · ized representative			

Filing Fee: \$25.00