

(Requestor's Name)	
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(133.032)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(,	
(December 1)	
(Document Number)	
Certified Copies Certificates of Status	5
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Sect Division of Corp.				
SUBJECT: Mo	Ney Green	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	emitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	<u> </u>	Edwards Name of Person		
		Ty Green, C		
		NM ZIJ S7 Address		
	Migmi 5 red wa 02	City/State and Zip Code Cb C. Fj U. ed U to be used for future annual report notific	305b	
For further information cor	E-mail address: (neerning this matter, please ca		:J	
		at (<u>785) 707 ()</u> Area Code Daytime	S 84 Telephone Number	. t
Enclosed is a check for the	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 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Money Green, L	20	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.)	
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L1800048744</u> .	ed on 02/22/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>-</u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	: :	
(Mailing address MAY BE A POST OFFICE BOX)		25
	· .	2
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	lress on our records, ente	r the name of the new
registered agent and or the new registered office address here.	.	ರ
Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida street address	
City	, Florida _	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>	Address	Type of Action
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	than 90 days after filing.) Pursuant to 6 equirements, this date will not be l	605.0207 isted as
record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.		rlier of
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ited March 27. 2018.		
March 29 . 2018. May Confedent Confedence of a member of authorized representative of	a member	

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Filing Fee: \$25.00