## 684FD0000811

(Requestor's Name)	
(Address)	90035285
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(Business Entity Name)	10/05/2001028
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## **COVER LETTER**

SUBJECT:	NONDEBIT	UM LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		FEDERICO OLIVERA		
			Name of Person	<del></del>
		NONDEBITUM LLC		
			Firm/Company	<del></del>
		2017 S OCEAN DR APT	4()6W	
			Address	
		HALLANDALE BEACH,	FL 33009	
			City/State and Zip Code	
		federico.olivera001@gmail E-mail address: (	com to be used for future annual report notifica	tion)
For further is	nformation co	ncerning this matter, please c	all:	
FEDERICO	OLIVERA		954 997-5403 a1 ()	
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 I	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)

TO:

Registration Section **Division of Corporations** 

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NONDEBITUM LLC

company has been notified in writing of this change.

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number L18000067480	y were filed on March 14, 2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
SIMPLE CASH USA LLC		777
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation L.C."
Enter new principal offices address, if applicable:	2017 S Ocean Dr Apt 406W Hallandale	Beach, Fl 33009
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:	2017 S Ocean Dr Apt 406W Hallandale	65 Beach, Fl 33009
Mailing address MAY BE A POST OFFICE BOX)		
s. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the nam	e of the new regis
Name of New Registered Agent:		77.007
New Registered Office Address:		-1
	Enter Florida street address	ં:
·	, Florida	77
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent	•	ည်

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

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
AMBR	ISSA ESPINOZA	2017 S Ocean Dr Apt 406W	<b>=</b> Add
		Hallandale Beach, Fl 33009	□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

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