## 218000126121

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700315782667

07/16/18--01025--008 •♠25.00

N COOPER JUL 23 2018

## **COVER LETTER**

	Registration Sect Division of Corp						
SUBJEC	CT:	CASH	EVER	rroar	LLC		
				ted Liability Compa			
The enclo	osed Articles of A	mendment and i	èe(s) are subr	nitted for filing.			
Please res	turn all correspon			•			
			Dayat	Name of Person	wala		
			Cas	h Every	day U	_C	
		40	W_	158 ST Address	Unit	2554	
			San	City/State and Zip	<u>Code</u> 31	.771	
		Cash	every nail address: (t	dayatmo be used for future	SexVICe	& a out (	501K-CEM
For further	er information cor	ncerning this ma	tter, please ca	.11:			
Do	Marine of F	Aluval	2	at ( <u>401</u> Area Cod	le Daytime	4591 Telephone Number	
Enclosed	is a check for the	following amou	nt:				
\$25.0	00 Filing Fee	□ \$30.00 Filin Certificate		S55.00 Filing Certified Co (additional cop	ру	Certified	e of Status &
	MAILIN	G ADDRESS:		ST	REET/COURII	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	ey as it now appears on our records.) lability Company)	<del></del>
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on 5 21 20 18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	Cash Everyday	LLC
(Principal office address MUST BE A STREET ADDRESS)	1070 Montgom	ery Rd +2041
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Attamente Spring  Cash Evenday  401 W 15t ST  Sonford FL	S FL 32714 LLC Vair 2554 32772
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:		the name of the new ISION OF C
New Registered Office Address:		PH 000
	Enter Florida street address , Florida	3: 04
	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 Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<del></del>		<del></del>	
			Remove
			Change
			D Add
		<del></del>	□ Remove
			Change
		<del></del>	Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			□ Change

1. It amending any other information, enter change(s) here: (Attach additional sheets,	, ij necessury.) Drovid	
placement and Support of ATIV	1 C	<del>~</del>
Resale (Dictor bution) of ATM	<u> </u>	<del></del>
	<u> </u>	
Maintainince (load Cash and	1 Topa	ur
and marntain) ATMs.	<u> </u>	
<del></del>	<u>-</u>	
		<del> </del>
- <del></del>		JUL
·-··		TARE C
		<u></u>
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d. Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, at 13). The 90th day after the record is filed.	2:01 a.m. or	the earlier of:
Dated 07/12 . 2018.		
Signature of a member or authorized representative of a member		<del></del> •
Dayakar Aluvala Typel or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00