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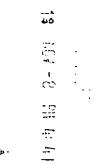
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cardinal Cash Properties LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Anthony Pincus Name of Person
Cardinal Cash Properties LLC
23326 78th Ave E
Myalkka City, FL 34251  City/State and Zip Code  phonne 920 notmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Anthony Pincus at (941) 345-3000  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  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
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cardinal	Cash	Properti	es La	<u></u>
( <u>Name of the Limite</u>	<u>d Liability Compan</u> A Florida Limited Li		our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>LIFOOO</u> 27	ibility Company v	were filed on $9/$	21/18	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	lity company here:		
				, is
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	ty Company," the designa	ntion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
( <u>Principal office address MUST BE A STREET</u>	"ADDRESS)			
				<del></del>
Enter new mailing address, if applicable:			***	
Mailing address MAY BE A POST OFFICE B	(OX)			
				<del></del>
B. If amending the registered agent and/o registered agent and/or the new registered off			records, enter	the name of the nev
Name of New Registered Agent:	David	d Antho	ry Pine	cus
New Registered Office Address:	233	26 787 Enter Florida str	root address	E
	Myall	City ity	Florida	34:25/ 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:

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
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			□ Change
			— Ādd
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		<del></del>	G-Change
			☐ Remove
			Remove
			□ Change
			□ Remove
			Change

Rective date, if other than the date of filing:  (optional)  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020, the If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.  The 90th day after the record is filed.  Wovember The 90th day after the record is filed.  Signature of member or authorized representative of a member.		
ective date, if other than the date of filing:		· • • • • • • • • • • • • • • • • • • •
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		ot an effective time, at 12:01 a.m. on the earlier o
Signature of a member or authorized representative of a member	ned November 5th 2018	<u></u>
Signature of a member or authorized representative of a member	En Car	
	Signature of a member or auth	orized representative of a member

Page 3 of 3

Filing Fee: \$25.00