

L19000 203 904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

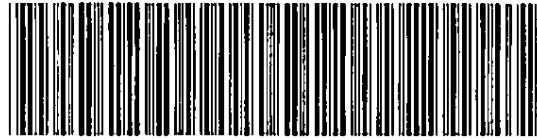
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Geisha Morris-Jacobs  
advised to make All  
corrections. 2/18/20

Office Use Only



100338950031

01/17/2020 10:00:00 AM

FILED  
2020 FEB 18 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend  
Name chg

FEB 18 2020  
I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MBN Management 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:

Geisha Morris-Jacobs

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2911 39th Street Suite 600

\_\_\_\_\_  
Address

Orlando, FL 32839

\_\_\_\_\_  
City/State and Zip Code

jacobwiseco@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geisha Morris-Jacobs

407 591-6264  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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 Address:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2020

GEISHA MORRIS-JACOBS  
2911 39TH STREET  
STE. 600  
ORLANDO, FL 32839

SUBJECT: MBN MANAGEMENT LLC  
Ref. Number: L19000203904

We have received your document for MBN MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 520A00003304

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MBN Management 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 08/12/2019 and assigned  
Florida document number L19000203904.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MoneyBack Now LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2911 39th Street

Suite 600

Orlando, FL 32839

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2911 39th Street

Suite 600

Orlando, FL 32839

**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*

Florida

*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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Geisha Emelia Investments Inc	2911 39th Street	<input checked="" type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Orlando, FL 32839	<input type="checkbox"/> Change
MGRM	Loreen Morris	2352 Grand Central Parkway	<input type="checkbox"/> Add
		Unit 18	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32839	<input type="checkbox"/> Change
MGRM	Geisha Morris-Jacobs	2352 Grand Central Parkway	<input type="checkbox"/> Add
		Unit 18	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32839	<input type="checkbox"/> Change
MGRM	Quanisha Nugent	2352 Grand Central Parkway	<input type="checkbox"/> Add
		Unit 18	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32839	<input type="checkbox"/> Change
MGRM	Catrina Edwards	2352 Grand Central Parkway	<input type="checkbox"/> Add
		Unit 18	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32839	<input type="checkbox"/> Change
MGRM	Barbara Harris	2352 Grand Central Parkway	<input type="checkbox"/> Add
		Unit 18	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32839	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Please leave the effective date as is.

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 14th 2020

Signature of a member or authorized representative of a member

Geisha Morris

Typed or printed name of signee

**Filing Fee: \$25.00**