

L20 000203416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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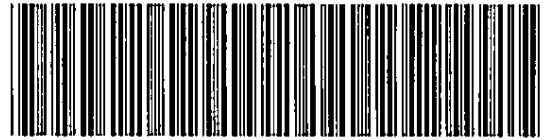
(Business Entity Name)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2020 JUL 28 AM 7:08

FILED

SEP 19 2020  
S. YOUNG



LISTEN. SOLVE. EMPOWER.

P: 330.253.5060 F: 330.253.1977 W: [bmdllc.com](http://bmdllc.com)  
75 East Market Street, Akron, Ohio 44308

Tracy R. Miller  
Paralegal  
P: 330.253.5060 ext. 105  
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**VIA FEDEX DELIVERY**  
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July 27, 2020

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

**RE: Florida Cash Now, LLC**  
**Florida Document No.: L20000203416**

Dear Sir or Madam:

Enclosed please find the original *Articles of Amendment to Articles of Organization* for the above-referenced entity, along with the check in the amount of \$25.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please feel free to contact me with any questions you may have.

Very truly yours,

A handwritten signature in black ink that reads 'Tracy R. Miller'. The signature is written in a cursive, flowing style.

Tracy R. Miller  
Paralegal

/Enclosures

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: FLORIDA CASH NOW, 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:

JOHN F. MARTIN, ESQ.

Name of Person

BRENNAN, MANNA & DIAMOND, LLC

Firm/Company

75 EAST MARKET STREET

Address

AKRON, OHIO 44308

City/State and Zip Code

JFMARTIN@BMDLLC.COM

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

For further information concerning this matter, please call:

JOHN F. MARTIN, ESQ.

at ( 330 ) 255-1157

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

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

FLORIDA CASH NOW, 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 JULY 14, 2020 and assigned

Florida document number L20000203416

**FILED**  
2020 JUL 28 AM 7:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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>
AMBR	OPPLINGER, KIM	885 WATERSIDE LANE	<input type="checkbox"/> Add
		BRADENTON, FL 34209, US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OPPLINGER, MICHAEL. T	885 WATERSIDE LANE	<input type="checkbox"/> Add
		BRADENTON, FL 34209, US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OPLINGER, KIM	885 WATERSIDE LANE	<input checked="" type="checkbox"/> Add
		BRADENTON, FL 34209, US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OPLINGER, MICHAEL, T	885 WATERSIDE LANE	<input checked="" type="checkbox"/> Add
		BRADENTON, FL 34209, US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 July 23, 2020.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOHN F. MARTIN, ESQ., AUTHORIZED REPRESENTATIVE  
\_\_\_\_\_  
Typed or printed name of signee