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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| SUBJECT | l: | Name of Lin | nited Liability Company | | | |
| The enclos | EJ MONEY LLC Same of Limited Liability Company | | | | | |
| Please retu | ım all correspo | ondence concerning this matter | to the following: | | | |
| | | DEJAN BRKOVIC | | | | |
| | Name of Person ALPHA TRUCKING SOLUTIONS LLC Firm/Company 4123 JOLIET AVE Address | | | | | |
| | | ALPHA TRUCKING SO | LUTIONS LLC | | | |
| | | | Firm/Company | | | |
| | | 4123 JOLIET AVE | | | | |
| | | | Address | | | |
| | | LYONS IL 60534 | | | | |
| | | | City/State and Zip Code | | | |
| | | | | | | |
| | | E-mail address: (| to be used for future annual report noti | fication) | | |
| or further | information c | oncerning this matter, please c | all: | | | |
| DEJAN B | RKOVIC | | | | | |
| Name of Person | | Area Code Daytim | e Telephone Number | | | |
| closed is | s a check for th | ne following amount: | | | | |
| ₹\$25.00 |) Filing Fee | | Certified Copy | Certificate of Status & Certified Copy | | |
| | | | | ction | | |
| | • | | - | | | |
| | .O. Box 632 | | The Centre of Tallahassee | | | |
| T. | allahassee. I | ·L 32314 | 2415 N. Monro | e Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EJ MONEY LLC

ompany has been notified in writing of this change.

| y as it now appears on our records.) ability Company) | | | |
|---|---------------------------------|--|--|
| ere filed on 09/30/2020 | and assigned | | |
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| ty company here: | | | |
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| Company," the designation "LLC" or | the abbreviation "L.L.C." | | |
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| dress on our records, <u>enter the</u> | name of the new register | | |
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| Enter Florida street address | | | |
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| to act in this capacity. I further | r agree to comply with ti | | |
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rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------------|------------------------|----------------|
| AMBR | ESTADERSON THALERAND | 1640 NW 1ST WAY | ■Add |
| | | POMPANO BEACH FL 33060 | □Remove |
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| Tective date, if other than the date in effective date is listed, the date ite: If the date inserted in this cument's effective date on the | i block does n | ot meet the appl | icable statutory | g or more than 90 de filing requireme | _ (optional) ays after filing. nts, this date |) Pursuant to 6 will not be li | 605.020 isted a |
| ecord specifies a delayed effects is filed. | ctive date, but | not an effective | time, at 12:01 | a.m. on the earlie | r of: (b) Th | e 90th day af | îter th |
| ted | | 2020 | | | | | |
| _ Earll | Il. | - | | tative of a member | | | |
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Filing Fee: \$25.00