## L21000400015

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## COVER LETTER

TO: Registration S Division of Co				
ONI	A INTERNET MONEY LEC			
SUBJECT:	Name of Liu	ited Irability Company	- <del> </del>	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JORDAN	TUGRUL		
		Name of Person		
		Firm/Company		
	1360 S OCEAN BLV	D AP1 2007		
		Address		
	POMPANO BEACH, F	1, 33062		
		City/State and Zip Code		
	jordantugruf <i>ti</i> gmail h-mail address: (	com to be used for future annual report noti	fication)	
For further information	concerning this matter, please c			
JORDAN TUGR	RUL	at () 249-4020 Area Code Daytim		
Name	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for	the following amount.			
XI \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filling Fee & Certified Copy     (idditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addr		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 63		The Centre of Tallahassee		

Tallahassee, Fl. 32314

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2021 SEP 16 PH 1: 13

ONLY INTERNET MONEY LLC

SECRETARY OF STATE TALLAHASSEE, FL. B.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(99/09/2021

The Articles of Organization Florida document number _	r for this Limited Liability Compa L21000400015	ny were filed on _	09/09/2021	and assigned
This amendment is submitte	d to amend the following:			
A. If amending name, ente	er the new name of the limited li	ability company l	h <u>ere</u> :	
The new name must be distinguis	hable and contain the words "Limited Li	ability Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal office	address, if applicable:			
(Principal office address M	UST BE A STREET ADDRESS)	-		<del></del>
			•	
Enter new mailing address	, if applicable:			
(Mailing address MAY BE)	<u>A POST OFFICE BOX)</u>	<del></del>		
B. If amending the registe agent and/or the new regis	red agent and/or registered offic tered office address here:	ce address on our	records, <u>enter the n</u>	ame of the new registered
Name of New Reg	istered Agent:	<del></del> -		
New Registered O	ffice Address:	Enter F1	orida street address	
		Cin	, Florida	Zio 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR_	TARA GALLIGAN	1360 S OCEAN BLVD APT 2007 POMPANO BEACH, FL 33062	<del>Ž</del> Add
			Remove
			□ Add
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(If an et) Note:	ive date, if other than the date of filing:  9/10/2021  (optional)  ective 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 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he recor ord is fi	d 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 led.
Dated	·
	Signature of a member or authorized representative of a member
	JORDAN TUGRUI  Typed or printed name of signee

Filing Fee: \$25.00