## L22000504055

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Hon	nes For Fast Cash LLC		
SUBJECT: Hon	Name of I imi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are subt	nitted for filing.	
	ndence concerning this matter t		
,	~		
		Marlene Calderon Name of Person	
	InCo	orp Services, Inc.	
		Firm Company	
		17888 67th Court	
		Address	
	· North	Loxahatchee, FL 33470 City/State and Zip Code	· · ·
		•	: : <del></del> ,
	E-mail address; ()	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	ıll:	
		at ()	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section Forporations 17	Street Address: Registration Sc Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp	any as it now appears on our records.)	<del></del>
(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>November 30,</u>	2022 and assigned
Florida document number <u>L22000504055</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Home For Fast Cash LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	160 W Camino Real #124	1
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432	
Enter and modified address if smallerther	160 W Camino Real #124	1 ==
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33432	·· (-;
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new registere
agent and/or the new registered office address here:		 • •
		-1
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	da
<del></del>	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 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

Title	<u>Name</u>	Address	Type of Action
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			□ □ Remove
			□Change
			□Add
			☐ ☐ Remove
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ctive date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Department.	e specific and cannot be prior to k does not meet the applicab	date of filing or more than 90	(optional) days after filing.) Pursuant to 6 nents, this date will not be li	605.026 isted :
ord specifies a delayed effective of filed.	date, but not an effective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day af	fter th
d	·			