

L24000026838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

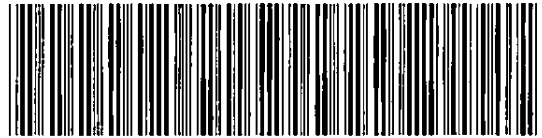
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FILED
2024 OCT -8 PM 1:00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PT money Transfers 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:

Yvens Cassamajor
Name of Person

Firm/Company

1785 NW 77th AVE
Address

Pembroke Pines, FL 33024
City/State and Zip Code

Yvens24@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvens Cassamajor at (726) 306-6809
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

2024 OCT -8 PM 1:00

PT Money Transfers LLC

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

LAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 12, 2024 and assigned Florida document number L24000026838

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)

1875 S. Limestone St
Springfield OH 45505

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1785 NW 77th AVE
Pembroke Pine FL 33024

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:

Kerline Auguste

New Registered Office Address:

1785 NW 77th AVE

Enter Florida street address

Pembroke Pines

City

Florida

33024

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.

Kerline Auguste

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>
MGR	Yvens Cassamajor	1785 NW 77 th Ave	<input checked="" type="checkbox"/> Add
		Pembroke Pines Fl	<input type="checkbox"/> Remove
		33024	<input type="checkbox"/> Change
MGR	Kerline Auguste	1785 NW 77 th Ave	<input checked="" type="checkbox"/> Add
		Pembroke Pines Fl	<input type="checkbox"/> Remove
		33024	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

2024 OCT -8 PM 1:00
TALLAHASSEE, FLORIDA

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2024 OCT -8 PM 1:00
TALLAHASSEE, FLORIDA

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 10/3, 2024

Signature of a member or authorized

YVENS CASHMAJOR
Typed or printed name of signer

Filing Fee: \$25.00