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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

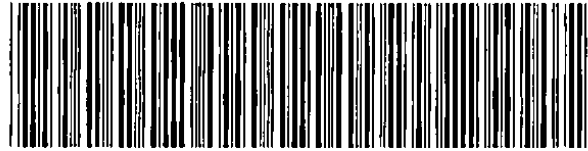
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

# COVER LETTER

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

SUBJECT: Made of Money 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:

Entities Department

Name of Person

IRA Financial Trust Company

Firm/Company

5109 S Broadband Lane

Address

Sioux Falls, South Dakota 57108

City/State and Zip Code

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

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For further information concerning this matter, please call:

Entities at 800 472-1043  
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

Made of Money LLC

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

Articles of Organization for this Limited Liability Company were filed on 10/11/2024 and assigned  
document number L24000436207.

This amendment is submitted to amend the following:

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

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:**

7311 Routt Road

**Principal office address MUST BE A STREET ADDRESS)**

Louisville, Kentucky 40299

**Enter new mailing address, if applicable:**

PO Box 126

**Mailing address MAY BE A POST OFFICE BOX)**

Fisherville, Kentucky 40023

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 TALLAHASSEE, FL

**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**

Intending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

ABR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	Trina Burnett	PO Box 126	<input type="checkbox"/> Add
		Fisherville, Kentucky 40023	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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ENTRADA DE: 05/02/2016 10:00:00

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TALLAHASSEE, FL

\*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:**

1 is filed.

dated

Thina Marlene Burnett

~~SECRET~~

Trina Burnett

Typed or printed name of signee

**Filing Fee: \$25.00**