

M21 000017196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

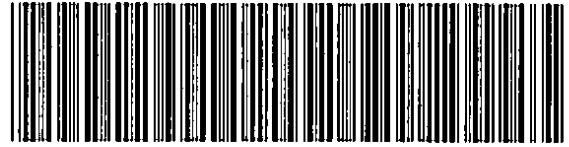
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2022 APR 22 PM 5:52
COURT CLERK
JULIA L. BROWN

Name Change

JUN 20 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2233 CFUSA Florida, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Lambson

Name of Person

AFS Florida LLC

Firm/Company

101 Convention Center Drive Suite 200

Address

Las Vegas, NV 89109

City/State and Zip Code

licensing@cashfactoryusa.com

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

For further information concerning this matter, please call:

John Urban

at (702)

901-0493

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 2233 CFUSA Florida, LLC

Enter new principal office address, if applicable: _____

N/A

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

N/A

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000017196

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 3/12/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: AFS Florida LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

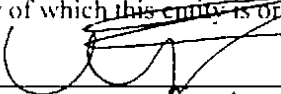
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative
Melissa Lambson

Typed or printed name of signee

Filing Fee: \$25.00



BARBARA K. CEGAUSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-6708
Website: www.nvsos.gov

Filed in the Office of <i>Barbara K. Cegauske</i>	Business Number E19195442021-3
Secretary of State State Of Nevada	Filing Number 2022258225
	Filed On 3/24/2022 10:00:00 AM
	Number of Pages 2

Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 and 86.543)
Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 86.221)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity Information:	Name of entity as on file with the Nevada Secretary of State: <div>2233 CFUSA Florida, LLC</div> Entity or Nevada Business Identification Number (NVID): <div>E19195442021-3</div>
2. Restated or Amended and Restated Articles (Select one): (If restating or amending and restating, complete section 1, 2, 3, 5 and 6.)	<input type="checkbox"/> Certificate to Accompany Restated Articles or Amended and Restated Articles <input type="checkbox"/> Articles have been Restated <input type="checkbox"/> Articles have been Amended and Restated * Restated or Amended and Restated articles must be included with this filing type.
3. Type of amendment filing being completed: (Select only one box): (If amending, complete section 1, 3, 5 and 6.)	<input type="checkbox"/> Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company Before Issuance of Member's Interest (Pursuant to NRS 86.216) The signers thereof are at least two-thirds of the <input type="checkbox"/> organizers or the <input type="checkbox"/> managers of the limited-liability company As of the date of the certificate, no member's interest in the limited-liability company has been issued. <input checked="" type="checkbox"/> Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company (Pursuant to NRS 86.221) The limited-liability company is managed by <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members The certificate of amendment must be signed by a manager of the company or, if management is not vested in a manager, by a member. <input type="checkbox"/> Amendment to Application for Registration of a Foreign Limited-Liability Company (Pursuant to NRS Chapter 86) Name of Foreign Limited-Liability Company if different than registered to transact business in Nevada: <div></div> If amendment is to change the name, the change taking effect: (select all that apply) <input type="checkbox"/> The name under which Limited-Liability Company transacts business in this State <input type="checkbox"/> Foreign Limited-Liability Company name from home jurisdiction

This form must be accompanied by appropriate fees.



BARBARA K. CEGAVSKE
Secretary of State
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Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 & 86.543)
Certificate to Accompany Restated Articles or Amended and
Restated Articles (PURSUANT TO NRS 86.221)

4. Effective date and
time: (Optional)

Date:

Time:

(must not be later than 90 days after the certificate is filed)

5. Information being
changed:

Changes to takes the following effect:

- ☒ The entity name has been amended.
☐ The registered agent has been changed. (attach Certificate of Acceptance from new registered agent)
☐ The purpose of the entity has been amended.
☐ The directors, managers or general partners have been amended.
☐ IRS tax language has been added.
☐ Articles have been added.
☐ Articles have been deleted.
☐ Other.

The articles have been amended as follows: (provide article numbers, if available)
2233 CFUSA Florida, LLC (Article no. E19195442021-3) has amended its
name to AFS Florida LLC

(attach additional page(s) if necessary)

6. Signature:
(Required)

X

Signature of Manager, Member or Authorized
Signer

Manager

Title

X

Signature of Manager, Member or Authorized
Signer

Title

Please include any required or optional information in space below:
(attach additional page(s) if necessary)