M22000007149

(R	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(De	ocument Number)	<u>.</u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
1		

Office Use Only



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2023 APR 17 AH 8: 37

2023 APR 17 PK 12: 3.

2009 App --

M. SOLOMON APR 1 8 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 678372 83

AUTHORIZATION : MAN CONTRACT

COST LIMIT : \$'55.00

ORDER DATE : April 14, 2023

ORDER TIME : 8:25 AM

ORDER NO. : 678372-005

CUSTOMER NO: 8152914

FOREIGN FILINGS

NAME: BUYER ACCEPTED, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

COVER LETTER

_	istration Section sion of Corporations				
SUBJECT:	BUYER ACCEPTED, LLC				
SUBJECT.	Name of Foreig	n Limited Lia	bility Co	mpany	
Dear Sir or I	Madam:				
The enclosed	d application, certificate and fee(s)	are submitted	for filing	<u>'</u>	
Please return	n all correspondence concerning thi	is matter to the	e followin	ng:	
Jordan M. Sm	nali				
	Name of Person		_		
Maddin, Haus	ser, Roth & Heller, P.C.				
	Firm/Company			£.;.	2023
28400 Northw	vestern Hwy., Suite 200			1. S 11. TO 11. TO 11. TO	ZUZJ APK
	Address		- 	525 575 775 775	-
Southfield, M	I 48034				Σ α
	City/State and Zip Code	e		2 <u>2</u> 26 27	α: 3 /
info@naf-casl	h.com				
E-mail ad	dress: (to be used for future annual	report notific	ation)		
For further i	nformation concerning this matter,	please call:			
Jordan Small		at (351-70	001	
	Name of Person	Area Cod	c & Day	time Telephone Number	
Reg Divi P.O.	ing Address: istration Section ision of Corporations . Box 6327 ahassec, FL 32314		Division The Centre 2415 N	address: ration Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 810 assee, FL 32303	
Enc ■\$25 Filing CR2E055 (9/15	Certificate of Status	amount: ■ \$55 Filing Certified		□ \$60 Filing Fee, Certificate of Status & Certified Copy	

0093 APR 17 AH 8:

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)

. Name of limited liability Company as it appears on the records of the Florida Department of
State: BUYER ACCEPTED, LLC
inter new principal office address, if applicable:
Principal office address AUST BE A STREET ADDRESS)
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
. The Florida document number of this limited liability company is: M22000007149
. Jurisdiction of its organization: DELAWARE
Date authorized to do business in Florida: 05/09/2022
New name of the limited liability company: (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
opy of the written consent of the managers or managing members adopting the alternate name. The alternate name nust contain "Limited Liability Company," "L.L.C." or "LLC.")
. If amending the registered agent and/or registered officer address on our records, enter the name of the new egistered 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: Thereby 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 iability company has been notified in writing of this change.

tle/ Capacity	Name	Address	Type of Action
			□Add
	-		□Remove
			□Add
			Remove 2023 APR 17 AM 8: 37
			□Add
	-		□Remove
			DAdd
aforementioned an	ficate, if required: no more than 90 day nendment(s), duly authenticated by the the law of which this entity is organize	official having custody of records in th	□Remove c

Filing Fee: \$25.00

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF 'BUYER ACCEPTED, LLC',
CHANGING ITS NAME FROM "BUYER ACCEPTED, LLC" TO "NAF CASH,
LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF APRIL, A.D.
2023, AT 6:36 O'CLOCK P.M.



Authentication: 203117269

Date: 04-11-23

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows: The name of	the limited liability company is:
NAF Cash, I	LC.
IN WITNESS	WHEREOF, the undersigned have executed this Certif
	WHEREOF, the undersigned have executed this Certification day of April A.D. 20
IN WITNESS Y	