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Amend 1Brown 9-30-11

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: ISAIAH CHECK CASHING STORE, INC	
DOCUMENT NUMBER: P0300083693	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
COLETTE CESAR Name of Contact Person	
Firm/ Company	
5905 NE 2 PAVE	
MIAMI, FL 33137 City/ State and Zip Code	
JFRANTZY @ COMCAST, NET E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
COLETTE LESAR at (786) 317-4382 Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S\$2.50 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy	tus
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

15AIAH CHECK CASH	LING STORE	, INCORPORATED
(Name of Corporation as currently filed	with the Florida Dept. 6	of State)
PO 30000	83693	
(Document Number of Cor	poration (if known)	
Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Pt</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional a	on "Corp," "Inc," or "C	o". A professional corporation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)	聖 まれ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	office address in Florid	P 29 M to 30
D. If amending the registered agent and/or registered new registered agent and/or the new registered office	•	a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		ot the obligations of the position.
Signature o	f New Registered Agent,	if changing

<u>Title</u>	<u>Name</u>	Address	Type of Action
	TMHACULA COISSY	6489 BUCHA WANST HOLLY WOOD FL 3302 H	☐ Add ■ Remove
ESIDENT	COLETTE CESAR		⊠ Add
			☐ Add ☐ Remove
provision	ndment provides for an exchange, reclass for implementing the amendment if napplicable, indicate N/A)		
provision	s for implementing the amendment if n		
provision	s for implementing the amendment if n		

The date of each amendment(s) adoption: 09-28-2011
(date of adoption is required) Effective date if applicable: 09-28-2011
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voling group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 09-28-2011
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
COLETTE CESAR (Typed or printed name of person signing)
PRESIDENT (Title of person signing)