P05000116739

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filing Officer.	
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SECRETARY OF STATE OF



COVER LETTER '

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $_$ IZZY'S CH	ECK CASHING & MORE CORP.			
DOCUMENT NUMBER: P05000116739				
The enclosed Articles of Amendment and fee a	ire submitted for filing.			
Please return all correspondence concerning thi	is matter to the following:			
EVON JAMES				
	Name of Contact Person			
TRUSTED ACCOUNT	NTANTS			
	Firm/ Company			
2350 W. OAKLAND PARK BLVD., SUITE 700				
	Address			
OAKLAND PARK, I	FL 33311			
	City/ State and Zip Code			
jamesevon1@gmai	I.com			
	be used for future annual report notification)			
For further information concerning this matter,	ptease call:			
EVON JAMES	at (_954)663-5992			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:			
■ \$35 Filing Fee ■ \$43.75 Filing Fee Certificate of Stat				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

(Name of	Corporation as current	ly filed with the Florida Dept. of State)
P05000	0116739	
•	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name	ne of the corporation:	
N/A		The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	rp," "Inc," or "Co" c	company," or "incorporated" or the abbreviation "Corp.," 1 professional corporation name must contain the word
B. Enter new principal office address, if	annlicable:	N/A
Principal office address MUST BE A ST		
C. Enter new mailing address, if applica	ablas	
(Mailing address MAY BE A POST O		N/A
		
D. If amending the registered agent and	or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	CHARLIE IZADI	
	N/A	
_		veet address)
	N1/ A	
New Registered Office Address: _	N/A	, Florida N/A (City) (Zip Code)
		(4.1) (4.1)
New Registered Agent's Signature, if cha	inging Registered Agent	<u>:</u>
		with and accept the obligations of the position.
	() at	0
<u>X</u>		8-12-2022
	Signature of New R	egistered Agent, if changing
Check if applicable		
☐ The amendment(s) is/are being filed pur	suant to s. 607.0120 (11)	(e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR - Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) _X_ Change	PD	CHARLIE IZADI	10263 CROSSWIND RD
Add			BOCA RATON, FL 33498
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

:: The change is made to the first name of	he registered ago	ent and officer of	the corporation		
From: MASHALLAH TO CHARLIE					
110000					
					_
	<u> </u>				
					
		ion or cancellat	on of issued sha	res,	
an amendment provides for an exchan provisions for implementing the amend	re, reclassification nent if not cont	ained in the amo	ndment itself:		
(if not applicable, indicate N/A)					
N/A					
					_
				<u></u>	
					•

The date of each	amendment(s)	adoption: N/A		, if other than the
date this documen	t was signed.			
Effective date if a	molicable:	N/A		
		(no moi	ore than 90 days after amendment file date)	
		block does not meet t Department of State's r	the applicable statutory filing requirements, records.	this date will not be listed as the
Adoption of Ame	ndment(s)	(CHECK O	NE)	
☐ The amendmen action was not		dopted by the incorpora	rators, or board of directors without sharehold	er action and shareholder
		dopted by the shareholosufficient for approval.	lders. The number of votes cast for the amend.	dment(s)
			olders through voting groups. The following sontitled to vote separately on the amendment(s	
"The nun	iber of votes cas	st for the amendment(s	s) was/were sufficient for approval	
by	N/A			
		(voting group	(P)	
	Dated_X	8-12-20	- 37	
	Signature <u>x</u>		}	
			other officer – if directors or officers have not r – if in the hands of a receiver, trustee, or oth	
		nted fiduciary by that f		
		CHARLIE IZ.	ZADI	
			or printed name of person signing)	
		PD		
		(Title of p	person signing)	