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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

٤,

NAME OF CORPORA	FION: BILLS CASH SEI	RVICES, INC.	
OCUMENT NUMBER	R:		
	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	atter to the following:	
B/	ASSAM ALSALEH		
_		Name of Contact Person	n
A(CCOUNTING AND MOR	E OF TAMPA	
48	15 E. BUSCH BLVD. STI	Firm/ Company E. 213	
		Address	
TA	MPA,FL. 33617		
		City/ State and Zip Cod	e
BASSA	мJ2007@ҮАНОО.СОМ		
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
BASSAM ALSALEH		at (<u>813</u>	760-7658
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Division P.O. Bo	e Address ment Section of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BILLS CASH SERVICES, INC.

BILLS CASH SLRVICES, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P15000002915	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	nt(s) to
A. If amending name, enter the new name of the corporation:	
The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing dualess MAT BE A FOST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
→	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	
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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 = Chief Executive 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PRES.	ALA ABDELDEAN	8121 SIMMONS ST.
X Add	<u></u>		BROOKSVILLE,FL. 34613
Remove			
2) Change	PRES.	BILAL ABDALDEEN	8121 SIMMONS ST.
Add			BROOKSVILLE,FL. 34613
X Remove			
3) Change			
Add			
Remove			
4) Change	_		·
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ets, if necessary).	(Be specific)	e(s) here:		
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				· <u></u>	
f an amendment pro	nvides for an exch	ange reclassifica	tion or cancellat	ion of issued sh	ares.
provisions for imple	ementing the amer	ndment if not con	tained in the am	endment itself:	
(if not applicable	e, indicate N/A)				
····			-		
	<u>. </u>		····	 	
					
					

	if other than t
data this document was stand	
date this document was signed.	
09/01/2018 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as (
Adoption of Amendment(s) (CHECK ONE)	
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)	
(voting 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 $9-5-2018$ Signature $3/4/5$	
Simouro Bilal Es	
(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)	
BILAL ABDALDEEN	
(Typed or printed name of person signing)	
PRES.	
(Title of person signing)	