

L09000111549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

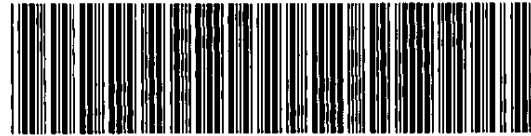
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
**A. LUNT**  
AUG 25 2010  
**EXAMINER**

Office Use Only



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2010 AUG 24 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SHAPIRO  
LIFSCHITZ &  
SCHRAM

August 23, 2010

**By FedEx**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: MDS of Delray Beach, FL, LLC

Dear Sir or Madam:

Please find enclosed Articles of Amendment to the abovementioned entity. Please cause the Articles to be filed and send me a letter in confirmation that the name change of the entity has been accepted.

A check in the amount of \$25 is also enclosed for the filing fee.

Should you have any questions or are unable to process this request, please telephone me immediately at 202-689-1900, ext. 3053. Thank you for your assistance with this matter.

Sincerely,

  
Adrienne C. Brakefield

Enclosures



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MDS of Delray Beach, FL, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Adrienne Brakefield**  
Name of Person  
**Shapiro, Lifschitz & Schram, P.C.**  
Firm/Company  
**1742 N Street, N.W.**  
Address  
**Washington, D.C. 20036**  
City/State and Zip Code  
**brakefield@sislaw.com**  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Adrienne Brakefield** at ( **202** ) **689-1900**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**MDS of Delray Beach, FL, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/19/2009 and assigned Florida document number L09000111549.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Merchant Data Systems of the Palm Beaches, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

\_\_\_\_\_

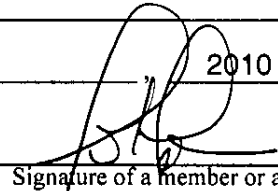
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\_\_\_\_\_

210 AUG 24 PM 4:40  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Dated August 24 2010



Signature of a member or authorized representative of a member

Steven H. Schram, Esq.  
Typed or printed name of signee