

L10000014651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

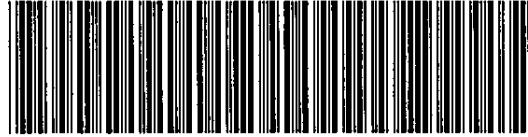
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 8 2014  
T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Data One Merchant Services 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:

Brandon Day  
Name of Person

Data One Merchant Services LLC  
Firm/Company

840 US HWY ONE #210  
Address

North Palm Beach, FL 33408  
City/State and Zip Code

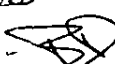
Brandon.Day@DataOneMS.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Day at (561) 876-9205  
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)

check for \$35.  
already cashed  
+ on file 

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 DEC -5 AM 10:00

FLORIDA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

November 24, 2014

BRANDON DAY  
840 US HWY ONE  
# 210  
N PALM BEACH, FL 33408

SUBJECT: DATA ONE MERCHANT SERVICES, LLC  
Ref. Number: L10000014651

We have received your document for DATA ONE MERCHANT SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 214A00024909

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Data One Merchant Services 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 02/08/10 and signed

Florida document number L10000014651

This amendment is submitted to amend the following:

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

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)

840 US HWY ONE  
Suite 210  
North Palm Beach, FL 33408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

840 US HWY ONE  
Suite 210  
North Palm Beach, FL 33408

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 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 liability company has been notified in writing of this change.

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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

MGR = Manager  
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                              | <u>Address</u>  | <u>Type of Action</u>  |
|--------------|--|---|--|
| <u>MGRM</u>  | <u>Fund First Merchant Services Inc.</u> | <u>840 US HWY ONE</u><br><u>Suite 210</u><br><u>North Palm Beach, FL 33408</u>        | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>MGRM</u>  | <u>Christopher Humphrey</u>              | <u>1928 E. Highland Ave.</u><br><u>Suite F 104-492</u><br><u>Phoenix, AZ 85016</u>    | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>MGRM</u>  | <u>Majestic Seas Holdings LLC</u>        | <u>2110 N. Ocean Blvd.</u><br><u># 1802</u><br><u>Ft. Lauderdale, FL 33305</u>        | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>MGRM</u>  | <u>Christopher Humphrey</u>              | <u>2775 E. Oakland Park Blvd.</u><br><u>Suite 8</u><br><u>Ft Lauderdale, FL 33306</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>MGRM</u>  | <u>Majestic Seas Holdings LLC</u>        | <u>2775 E. Oakland Park Blvd.</u><br><u>Suite 8</u><br><u>Ft Lauderdale, FL 33306</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |

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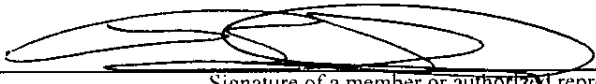
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: ~~12/02/2014~~ <sup>N.A.</sup> (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12/02, 2014.



Signature of a member or authorized representative of a member

Brandon Day

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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