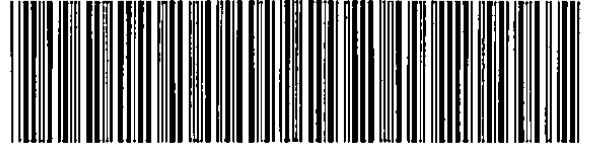


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

06/21/19--01076--002 **25.00

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2019 AUG 21 10 21 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 30 2019
TALLAHASSEE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cardplatforms 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:

Michael G. Park, Esq.

Name of Person

Michael G. Park, P.A.

Firm/Company

604 Banyan Trail #811352

Address

Boca Raton, FL 33481

City/State and Zip Code

mike@mgp-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael G. Park

561

454-7404

at (_____) _____

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**

FILED

Cardplatforms LLC

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

2019 AUG 21 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/08/2010

Florida document number L10000116517

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

56 East Broadway, Suite 500

(Principal office address MUST BE A STREET ADDRESS)

Salt Lake City, UT 84111

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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Oesterlund, Robert		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Braunstein, Jay	444 Madison Ave, 40th Floor	<input checked="" type="checkbox"/> Add
		New York NY 10022	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nechamkin, Gabe	444 Madison Ave, 40th Floor	<input checked="" type="checkbox"/> Add
		New York NY 10022	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dunn, Brandon	444 Madison Ave, 40th Floor	<input checked="" type="checkbox"/> Add
		New York NY 10022	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Laks, Matt	444 Madison Ave, 40th Floor	<input checked="" type="checkbox"/> Add
		New York NY 10022	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Laks, Matt		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

