## L15000144143

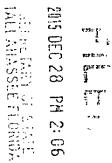
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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DEC 3 O 2015 J. HARRIS

## COVER LETTER · ·

TO:	Registration Se Division of Cor						
		Aero Pa	ayments, LLC				
SUBJ	JECT:	Name of Lim	ited Liability Company				
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Pleas	e return all correspo	indence concerning this matter	to the following:				
			Name of Person				
Aero Payments, LLC							
Firm/Company							
8 E. 9th Street, Apt# 2406							
			Address				
	Chicago, IL 60605						
			City/State and Zip Code	<del></del>			
			el@aeropayments.com to be used for future annual report not	Vientine)			
г с	.1 ' 6 '		·	nication)			
For R	arther information c	oncerning this matter, please c	ali:				
Daniel Muller		4( \	320-8137				
	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enelo	osed is a check for t	he following amount:		·			
☑ S	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)			
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive C	on rations			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aero Pay	ments, LLC					
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on or I Liability Company)	ır records.)		_		
The Articles of Organization for this Limited Liability Compan Florida document number L15000144143	y were filed on August	24, 2015	and	l assign	ned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	bility company here:					
N/A		·				
The new name must be distinguishable and contain the words "Limited Liab			ibbreviation	n "L.L.C		
Enter new principal offices address, if applicable:	8 E. 9th Stree	8 E. 9th Street, Apt# 2406				
Principal office address MUST BE A STREET ADDRESS)	Chicago	, IL 60605	<u> 20</u> 0	<u> </u>	l.m	
			<u> 5</u>	哥	<u> </u>	
Enter new mailing address, if applicable:	8 E. 9th Stree	et, Apt# 2406	Wast.	28 [	de grand.	
Mailing address MAY BE A POST OFFICE BOX)	Chicago	, IL 60605	71		31	
regularing under 53 MATE DE 11 TOOT OF TREE BOX)	<u></u>	·	22.5 2.5	- 13 - (C)		
			250	5		
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		records, <u>ente</u>	the na	me of	the ne	
Name of New Registered Agent.	7068 Mirabelle Drive					
New Registered Office Address:	Enter Florida street address					
	Jacksonville 322		58			
	City		Zip C	ode		

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 **Type of Action** <u>Address</u> <u>Title</u> Name MGR 8 E. 9th Street Apt# 2406 Daniel Muller □ Add Chicago, IL 60605 ☐ Remove ☑ Change □ Add □ Remove ☐ Change □ Add \_□ Remove \_□ Change ☐ Add □ Remove ☐ Change \_□ Remove : Change \_ Add □ Remove

\_□ Change

Filing Fee: \$25.00