

L170000 86297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

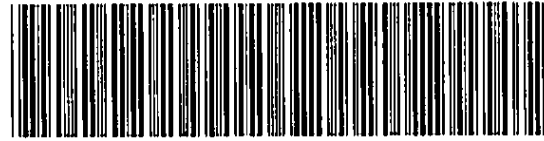
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 FEB 21 PM 2:13
SECRETARY OF STATE
HALLMARK CENTER
COLUMBIA, MO 64202

AKS
Amend/Name
chg

FEB 24 2020

AL BRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRYTE INNOVATIVE TECHNOLOGIES, 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:

Jason A Felts
Name of Person
Bryte Payment Solutions
Firm/Company
6440 Southpoint Parkway, suite 140
Address
Jacksonville FL 32216
City/State and Zip Code
jasonf@advancedhq.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Felts at (904) 651-1589
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2020

JASON A. FELTS
6440 SOUTHPOINT PARKWAY
STE. 140
JACKSONVILLE, FL 32216

SUBJECT: BRYTE INNOVATIVE TECHNOLOGIES, LLC
Ref. Number: L17000086297

We have received your document for BRYTE INNOVATIVE TECHNOLOGIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can list only 1(one) registered agent.

The registered agent must sign accepting the designation.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 120A00002851

2020 FEB 21 PM 1:00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BYTE INNOVATIVE TECHNOLOGIES, 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 04/19/2017 and assigned Florida document number L17000086297

This amendment is submitted to amend the following:

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

Byte Payment Solutions, LLC
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:

(Principal office address MUST BE A STREET ADDRESS)

6440 Southpoint Pkwy, Ste 140
JACKSONVILLE, FL
32216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

JANE

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:

JASON FELT

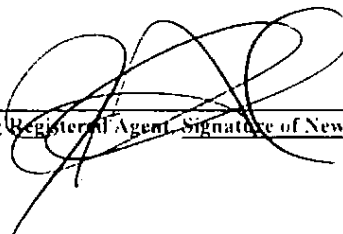
New Registered Office Address:

6440 Southpoint Pkwy Ste 140
Enter Florida street address
Jacksonville Florida 32216
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



FILED
2017 FEB 21 PM 3:30
STATE OF FLORIDA

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

JASON FELTS, MGR 8.3.20

DAVID HUMPHREY, AMBR, 20.20

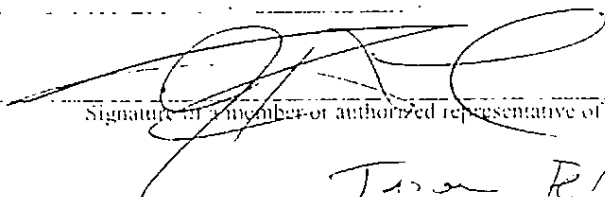
E. Effective date, if other than the date of filing: 01/01/2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 01.06 2020



Signature of a member or authorized representative of a member

JASON FELTS

Typed or printed name of signer