

L19000003335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

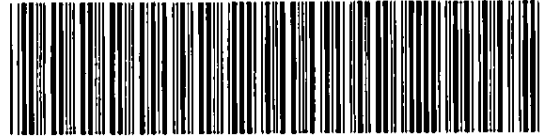
(Business Entity Name)

(Document Number)

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2024 JAN 29 PM 4:51  
ALLAHASSEE, FLORIDA

R. HUNT

**FLORIDA CAPITAL COURIER SERVICES, INC**  
2330 CLARE DR  
TALLAHASSEE, FL 32309  
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$25.00**

**Authorization Signature:** *Jan Feller*

<b>BUSINESS NAME</b>	<b>DOCUMENT #</b>
<b>PAYPROP (FL) LLC</b>	<b>L19000003335</b>

Certified Copy  
 Certificate of Status

**NEW FILINGS**

Profit Corp  
 Not for Profit  
 Limited Liability  
 Domestication  
 LLLP  
 CORP  
 Other

**AMENDMENTS**

X Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Revocation of Dissolution  
 Merger  
 Articles of Conversion  
 Restated Articles of Incorporation  
 Statement of Authority

**APOSTILLE(s) & OTHER FILINGS**

<input type="checkbox"/> Apostille	<input type="checkbox"/> Foreign Filing
<input type="checkbox"/> Country	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Annual Report	<input type="checkbox"/> Qualification
<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Other

STATE  
TALLAHASSEE, FL  
JUN 19 AM 9:41

EXAMINER'S INITIALS: \_\_\_\_\_

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PAYPROP (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:

Anthony Giglio  
Name of Person

REBCCS LLC  
Firm/Company

5073 Signal Hill Ln  
Address

Cincinnati OH 45244  
City/State and Zip Code

gynot@email.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
 DIVISION OF STATE  
 TALLHASSEE, FL  
 10/19/09 AM 9:41

For further information concerning this matter, please call:

Anthony Giglio at ( 513 ) 505-5222  
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

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

PAYPROP (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 12/31/2018 and assigned  
Florida document number 119000003335.

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:

(Principal office address MUST BE A STREET ADDRESS)

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

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**

**In 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>
<u>MGR</u>	<u>Adriaan Louwrens Liebenberg</u>	<u>7901 4th St N Ste 300</u>	<input type="checkbox"/> Add
		<u>St Petersburg Fl. 33702</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Anthony Giglio</u>	<u>5073 Signal Hill Ln</u>	<input checked="" type="checkbox"/> Add
		<u>Cincinnati OH 45244</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

MAY 29 11:09 AM '01  
 STATE HOUSE, FL  
 214

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

Lined area for amending information, containing a vertical stamp: DEPT. OF STATE, JAN 29 AM 9:41, TALLAHASSEE, FL.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 January 23, 2024.

DocuSigned by: [Signature]

A08F287482EC472

Signature of a member or authorized representative of a member

Dawid Eduard Malan

Typed or printed name of signee