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## **COVER LETTER**

Divi	sion of Corp	orations			
SUBJECT:	SPLIPAY L				
SUBJECT.			ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	dence concerning this matter	to the following:		
		JOSE JARDIM JUNIOR			
		<del> </del>	Name of Person	<del> </del>	-
TAX DIRECT INCORPORATED  Firm/Company					
					-
		5787 VINELAND RD STI	E 205		
			Address		-
		ORLANDO. FL 32819			
			City/State and Zip Code		-
		jjj@taxdirectflorida.com			
		E-mail address: (1	to be used for future annual rep	ort notification)	
For further in	formation co	ncerning this matter, please ca	all:		
JOSE JARDI	IM JUNIOR		407 203-1	·	
	Name of	Person	Area Code	Daytime Telephone Number	r
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	ate of Status &

MAILING ADDRESS:

TO:

**Registration Section** 

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

SPLIPAY LLC (Name of the Limited Liability Compa	· · · · · · · · · · · · · · · · · · ·			
(A Florida Limited I	ny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Liability Company were filed on 04/23/2019 and assigned lorida document number L19000115725				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2019 SEX		
(Principal office address MUST BE A STREET ADDRESS)				
		SSS: P		
Enter new mailing address, if applicable:		(President of the Control of the Con		
(Mailing address MAY BE A POST OFFICE BOX)		- N		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		enter the name of the new		
New Registered Office Address:	F . Pl +1 11			
	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:	Cii,	гір Соків		
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and	I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
AMBR	FAMACA LLC	8810 COMMODITY CIR	_ <b>■</b> A <b>d</b> d
		SUITE II	<b>&amp;</b> Add
			Remove
		ORLANDO, FL 32819	□ Change
AMBR	ACTUS INVESTMENTS LLC	8615 COMMODITY CIRCLE	-
	<del> </del>	SUITE 11	
			□ Remove
		ORLANDO, FL 32819	Change
			Remove
			☐ Change
			□ Remove
			Change
		<del></del>	
		<del></del>	Remove
			Change
			Pemove
			□ Change

D. If amending any other inform	ation, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
	<del></del>
	<del></del>
<del></del>	
(If an effective date is listed, the date minutes Note: If the date inserted in this b	e date of filing: (optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) lock does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the I	Department of State's records.
If the record specifies a delaye (b) The 90th day after the re	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: cord is filed.
Dated August, 16th	/ 2019
	Signature of a member or authorized representative of a member
ROGERIO P TEIXER	
<del></del>	Typed or printed name of signee