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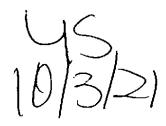
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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09/17/21--01804--010 \*\*25.00





## **COVER LETTER**

TO: Registration S Division of Co						
	Solutions LLC	i		ι,		
SUBJECT:	Name of Lin	nited Liability Company		_		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Alberto Hernandez					
		Name of Person		<del>_</del>		
	RHL 3 Solutions LLC					
		Firm/Company		<b>~</b>		
	142 NW 37th St			021 SI FOR TAL	_	
		Address	<del>-</del>	ET/A		
	Miami, FL 33127					
	ahernandez@paymetrik.cor			2021 SEP 17 PM 2: 06 SECRETARY OF STATE TALLAHASSEE, FL		
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual repo all;	rt notification)	, EE 9	•	
Alberto Hernandez		646 421763	5			
Name (	of Person		aytime Telephone Num	iber		
Enclosed is a check for t	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee,  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)				
Mailing Addre Registration		Street Addre Registration				
Division of C	Corporations	Division of	`Corporations			
P.O. Box 631	27	The Centre	of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, F1, 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paymetrik Solutions LLC			
(Name of the Limit	ed Liability Company as it r (A Florida Limited Liability)	now appears on our records.) Company)	
ne Articles of Organization for this Limited Li		led on (19/11/2020)	and assigned
orida document number 1.20000284252	·		
is amendment is submitted to amend the follo	owing:		
If amending name, enter the new name of	the limited liability co	mpany here:	
HL 3 Solutions LLC			
ne new name must be distinguishable and contain the w	ords "Limited Liability Comp	pany," the designation "LLC" or the a	h)reviati <b>ng</b> L.L.C."
nter new principal offices address, if applic	able:		S T
Principal office address MUST BE A STREE	T ADDRESS)		
			ST ST
nter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE .	<u></u>		•
			<b></b>
. If amending the registered agent and/or r gent and/or the new registered office addres		on our records, enter the nar	ne of the new regist
Name of New Registered Agent:	Alberto Hernandez		
New Registered Office Address:	142 NW 37th St.		
	-	Enter Florida street address	
	Miami	Florida <u>3.</u>	3127
	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>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
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ffective date, if other that an effective date is listed, the da tote: If the date inserted in to ocument's effective date on	e must be specit tis block does	ic and cannot be p not meet the ap	olicable statut			AI) ing.) Pursuant to	
record specifies a delayed ef is filed.	fective date, bu	it not an effectiv	re time, at 12:	01 a.m. on the ea	urlier of: (b)	The 90th day	after the
September 14 ated		2021					
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Filing Fee: \$25.00