

11/9/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L200003875359159

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HARPER MEYER #2
Account Number : I20060000101
Phone : (305)577-3443
Fax Number : (305)577-9921

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sdiaz@harpermeyer.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOI DATA AND PAYMENTS LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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001/004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOI DATA AND PAYMENTS 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 February 28, 2020 and assigned Florida document number L20000359159.

This amendment is submitted to amend the following:

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

Telefunken Capital Management LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

N/A

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

Design envelope ID: 9BABB513-EC47-49FC-A5A3-189D069EEAU1

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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

Title	Name	Address	Type of Action
N/A	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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