## L21000/68639

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## **COVER LETTER**

ΓO: Registration S Division of Co			
Merchant .	Advantage Technologies LLC		
	Name of Lim	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	Merchant Advantage Tech	nologies LLC	·
		Firm/Company	
	1500 Belville Rd. STE 606	5 #348	
		Address	
	Daytona Beach, FL 32114		
	Rachel@matech.me	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please co	all:	
David K. Campbell		407 963-7355	
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Merchant Advantage Technologies LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records da Limited Liability Company)	
he Articles of Organization for this Limited Liability (	Company were filed on April 12, 2021	and assigned
lorida document number 1.21000168639		
Original document number	<del></del> .	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
		20 FA
e new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	
nter new principal offices address, if applicable:		ARCE ARE
rincipal office address MUST BE A STREET ADD	DECC)	12
THE PURE HUBIES SHOST BE A STREET ADDI	KESS)	
		n Tr
nter new mailing address, if applicable:		<u> </u>
failing address MAY BE A POST OFFICE BOX)		
		<del></del>
If amending the registered agent and/or registere	ed office address on our records, enter t	he name of the new regis
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	tnær r tortaa street address	
		rida
	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 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	<u>Name</u>	Address	Type of Action
MGR	David K. Campbell	1500 Belville Rd. STE 606 #348	<b>=</b> Add
		Daytona Beach, FL 32114	□Remove
			□ Change
			□Add
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	117					-	-
Effective date, if other than the fan effective date is listed, the date mode: If the date inserted in this document's effective date on the	ne date of filing: ust be specific and canno block does not meet th	ie applicable sta	of tiling or more that stutory filing requ	(option on 90 days after fi direments, this o	n <b>at)</b> ling.) Purs late will r	uant to 605 10t be list	5.020 ed a
record specifies a delayed effect d is filed.	ive date, but not an eff	ective time, at	12:01 a.m. on the	earlier of: (b)	The 90th	n day afte	r the
October 1	. 202	· .					
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