

122000034033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

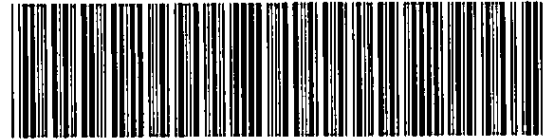
(Business Entity Name)

(Document Number)

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22 MAR -9 PM 3:16

T. MATTHEWS

MAR 14 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

Magnify Payroll, LLC

SUBJECT: _____
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:

Charles Bishota

Name of Person

Bishota Law, PLLC

Firm/Company

5760 Legacy Drive, Ste B3-336

Address

Plano, TX 75024

City/State and Zip Code

charles@bishotalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Bishota

214

402-2804

_____ at (_____) _____

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**

22 FEB -3 PM 3:16

MAGNIFY PAYROLL, 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 January 18, 2022 and assigned
Florida document number L2200003403354.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5439 TWIN CREEKS DRIVE

VALRICO, FL 33596

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5439 TWIN CREEKS DRIVE

VALRICO, FL 33596

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:

MAGNIFY PAYMENTS, LLC

New Registered Office Address:

5439 TWIN CREEKS DRIVE

Enter Florida street address

VALRICO

Florida

33596

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.

Chris Novic

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	UNIVERSAL PAYMENTS SOLUTIONS, LLC		<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		5439 TWIN CREEKS DRIVE, VALRICO, FL. 33596	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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