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PICK-UP	WAIT	MAIL	
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Certified Copies Certificates of Status			
Special Instructions to Fi	ling Officer:		
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Office Use Only



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SECNELARY OF STATE
SECNELARY OF STATE

D. SCOTT MAR 1 2017

COVER LETTER

Division of Co	rporations				
NORTH A	MERICAN PAYMENTS LLC				
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	PRITI PATEL				
		Name of Person			
	SOFTBOOKS INC				
	Annual destruction of the second seco	Firm/Company			
5373 N NOBHILL RD					
		Address			
	SUNRISE, FL 33351				
	info@softbooksinc.com	City/State and Zip Code		TALL SECT	
	E-mail address: (to be used for future annual report notific	ation)	FILEU FEB 28 PE FEB 28 PE	
For further information (concerning this matter, please c	all:		28 SSEE	ļ
PRITI PATEL		954 874-6230 at ())
Name (of Person	Area Code Daytime	Telephone Number	3: 12 FORBOX	
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)	Certified C	of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

NORTH AMERICAN PAYMENTS LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed of lorida document number. L15000151293	n 09/03/2015 and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compa	ny here:
NORTH AMERICAN PAYMENT SYSTEMS LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	AL AL
	28 AASSI
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	電船 法
. If amending the registered agent and/or registered office addres	s on our records, enter the name of the
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	r Florida street address
	Florido

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Add
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ated			t an effective ti	me, at 12:01 a.n	n. on the earl	ier
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Page 3 of 3

Filing Fee: \$25.00