

L13000 120 649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

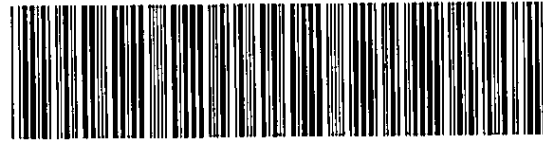
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100343844371

04/29/20--01018--026 **25.00

2020 APR 29 AM 10:14

FILED
U.S. DEPT. OF JUSTICE
FBI - NEW YORK

EM
5/14/20

LAW OFFICES
ALLEY, MAASS, ROGERS & LINDSAY, P.A.

340 ROYAL POINCIANA WAY, SUITE 321

POST OFFICE BOX 431

PALM BEACH, FLORIDA 33480-0431

(561) 659-1770

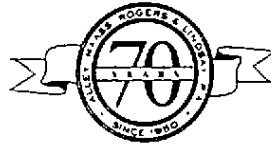
FACSIMILE (561) 833-2261

WWW.AMRL.COM

RAYMOND C. ALLEY (1893-1975)
HAROLD G. MAASS (1923-2006)
DOYLE ROGERS (1928-2016)
KAREN S. MARK (1964-1994)

1331 SE OCEAN BOULEVARD
STUART, FLORIDA 34996
P (772) 287-4404
F (772) 287-4044

ALAN LINDSAY
DAVID H. BAKER
WILLIAM W. ATTERBURY III
LOUIS L. HAMBY III
ROBB R. MAASS
M. TIMOTHY HANLON
WARREN D. HAYES, SR.
STUART J. HAFT
CAROL S. WAXLER
CATHERINE KENT
BRUCE A. McALLISTER
DAVID R. MAASS
CHRISTINE BIALCZAK
WARREN D. HAYES, JR.
NICOLE K. MAASS
LAURA B. KNOLL



April 28, 2020

SENT VIA FEDEX

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Wilton Payments LLC
Belgravia Investments LLC

Dear Sir or Madam:

Enclosed please find the following for filing:

1. Articles of Amendment for Wilton Payments LLC and a check for \$25.00 for the filing fee; and
2. Articles of Amendment for Belgravia Investments LLC and a check for \$25.00 for the filing fee.

Please contact me if you have any questions.

Sincerely,

Courtney Lyne
Florida Registered Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Belgravia Investments LLC

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:

M. Timothy Hanlon

Name of Person

Alley, Maass, Rogers & Lindsay, P.A.

Firm/Company

340 Royal Poinciana Way, Suite 321

Address

Palm Beach, FL 33480

City/State and Zip Code

clyne@amrl.com

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

For further information concerning this matter, please call:

Courtney Lyne

561 804-4606
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Belgravia Investments 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 8/26/2013 and assigned
Florida document number L13000120649.

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

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

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

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

M. Tully Helms, Attorney At Law
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00