## L00 000013559

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FILED
2020 JUL 30 AM 8: 35
SECRETARY OF STATE

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## **COVER LETTER**

TO:

	Registration Se Division of Cor			
SUBJEC	PAYO, LC		•	
SUBJEC		Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		MARIE Y. CHARLES		
			Name of Person	<del></del>
			Firm/Company	_ <del></del>
		3200 W. STONEBROOK	CIRCLE	
		•	Address	
		DAVIE, FL 33330		
		MCHARLES09@HOTMA	City/State and Zip Code IL.COM	
For furthe	r information c	E-mail address: (	·	arme of Person  Address  Address  tate and Zip Code  After future annual report notification)  786 368-8655  at ()  Area Code Daytime Telephone Number  55.00 Filing Fee & Certificate of Status & Cert
	Y. CHARLES	c ,		
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
I	Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations	Registration Se Division of Co	rporations
	C. Box 032. Fallahassee, l			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAYO, LC (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  $\frac{11/06/2000}{1}$ and assigned Florida document number L00000013559 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PAYO, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation. 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: FAUSTA G LIPSCOMB Name of New Registered Agent: 11179 GRANDVIEW MNR New Registered Office Address: Enter Florida street address WELLINGTON

## 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

Handing Registered Agent Signature of New Begistered 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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Dated X Pair	7/2 Signatur	La 203		resentative of a me	ember			
MARIE Y CHA				<u>Cha</u>				

Filing Fee: \$25.00