(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:

L. SELLERS

JUL, - 9 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE

SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	TOTAL PAYME	ENT SOLUTIONS LL	.C	
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		MARK HAJEC		
		Name of Person		
	TAX RE	ECOVERY SERVICES	INC	
		Firm/Company	_	
	4	29 E SHERIDAN ST		
		Address		
	DA	NIA BEACH, FL 33004		
		City/State and Zip Code		
	TAXREC E-mail address: (1	OVERY@BELLSOUTH to be used for future annual report	.NET	
For further information c	oncerning this matter, please c	·	·····························	
	-			
	ARK HAJEC	at (<u>954</u>)	921-1041 Lytime Telephone Number	· ·
Name o	r i Ciscai	Alea Code & Da	yume Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing	Fee
	Certificate of Status	Certified Copy (additional copy is enclo	Certificate	of Status &
		(additional copy is enci-		copy is enclosed)
MAIL	ING ADDRESS:	STREET/CO	URIER ADDRESS:	
	ration Section on of Corporations	Registration Se Division of Co	ection	
	ox 6327	Clifton Buildir		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL PAYMENT SO	<u> DLUTIONS LL</u>	.C	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on	our records.)	
(,,		
The Articles of Organization for this Limited Liability Company we	ere filed on(02/24/2006	and assigned
Florida document numberL0600020253			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	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)	**************************************		
Parting waters will be it out of the box		· •···	
-			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our	records, enter the	name of the new
registered agent and/or the new registered office address nere:			
Name of New Registered Agent:		;	7.00
		r r	<u> </u>
New Registered Office Address:	Enter I	lorida street addre	
	23/10/ 1	ر	8 - F
	City	, Florida	Zip Code D
New Registered Agent's Signature, if changing Registered Agent:	•	רטאו	Zip Code U
Thomas and a second sec		تنف	•
I hereby accept the appointment as registered agent and agree.	to act in this capac	aty. I further agree	to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JAMES E. WILLIS	429 E SHERIDAN ST DANIA BEACH, FL 33004	Add Remove
			Add Remove
			Add Remove
-			AddRemove
			Add Remove
D. If amend	ling any other information, enter ch	aange(s) here: (Attach additional sheets, if neces	ssary.)
 	JULY 7	2 <u>00</u> 9	
	Signature of a me	mber or authorized representative of a member	O9 JUL SECRES TALLAH
	T,	MARK HAJEC	\$ & F
	1,	pped or printed name of signee Page 2 of 2	
		Filing Fee: \$25.00	Signal Si