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#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:

## MULI PAY, 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:

<b>FELIX</b>	CAS	TILLO

(Name of Person)

# MULTI PAY, LLC

(Firm/Company)

## 2100 PONCE DE LEON, SUITE 1203

(Address)

 

 CORAL GABLES, FL 33134

 (City/State and Zip Code)

 For further information concerning this matter, please call:

 FELIX CASTILLO (Name of Person)

 at (305) 446-4670 (Area Code & Daytime Telephone State)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Section 2017 Secti

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

MULTI PAY, LLC

**.** ...

(Present Name) (A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on <u>APRIL 23, 2007</u> and assigned document number <u>L07000043081</u>.

**SECOND:** This amendment is submitted to amend the following:

## 1) CHANGE NAME OF LLC TO: MULTI PAY, LLC 2) REMOVE OSCAR E ECHEVARRIA AS A MANAGER

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 JULY 3, 2007	JUL -5 P 3: 5; ETARY OF STATE HASSEE, FLORIDA	FILED
Signature of a member of authorized representative of a member		
Typed or printed name of signee		

Filing Fee: \$25.00