

L070000094846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

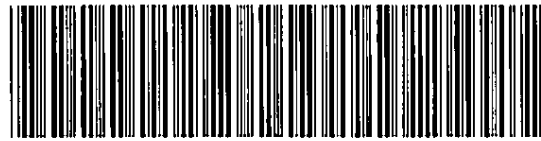
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000421304190

Conversion

FILED  
2024 JAN 10 AM 9:44

A. RAISSEY  
JAN 17 2024

RECEIVED  
2024 JAN 11 PM 2:00

\*02250, 07016, 00671

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 246180 7347882

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ ~~55.00~~ 60.00

-----  
ORDER DATE : January 4, 2024

ORDER TIME : 12:38 PM

ORDER NO. : 246180-015

CUSTOMER NO: 7347882  
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DOMESTIC AMENDMENT FILING

NAME: UNITED PAYMENT SYSTEMS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2024

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: UNITED PAYMENT SYSTEMS, LLC  
Ref. Number: L07000094846

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for UNITED PAYMENT SYSTEMS, LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 924A00000299

RECEIVED  
2024 JAN 16 AM 11:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** United Payment Systems, LLC

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Jeffrey Cass

Contact Person

Lusc Gorman, PC

Firm/Company

5335 Wisconsin Ave, NW, STE 780

Address

Washington, DC 20015

City, State and Zip Code

jcass@lusclaw.com

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

For further information concerning this matter, please call:

Jeffrey Cass

Name of Contact Person

at ( 202 ) 274-2016

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee  
and Certificate of  
Status

☐ \$55.00 Filing Fee  
and Certified Copy

☒ \$60.00 Filing Fee,  
Certified Copy, and  
Certificate of Status

**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

CR2E106 (05/17)

**Articles of Conversion**  
For  
**Florida Limited Liability Company**  
Into  
**"Converted or Other Business Entity"**

FILED

2024 JAN 10 AM 9:44

STATE OF FLORIDA  
DEPARTMENT OF STATE

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

United Payment Systems, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

United Payment Systems, LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a Limited Liability Company  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware  
(Enter state, or if a non-U.S. entity, the name of the country)

The formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: January 4, 2024  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

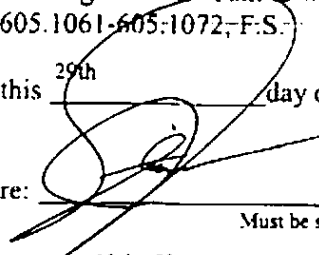
a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 3350 Buschwood Park Drive, Suite 150  
Tampa, FL 33618.

Mailing Address: 3350 Buschwood Park Drive, Suite 150  
Tampa, FL 33618.

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 29<sup>th</sup> day of December, 2023

Signature:   
Must be signed by a Member or Authorized Representative

Printed Name: Naim Hamdar Title: Manager

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)