

L08000028767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

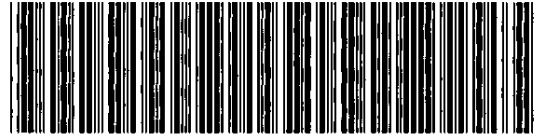
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

APR 19 2017

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# iGov ePay, LLC

Contemporary Payment Systems for Today's Transactions

April 10, 2017

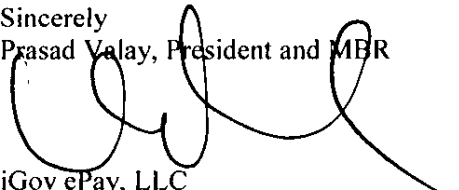
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

To whom it may concern:

Please accept this letter as authority that all rights for the name iGov ePay, LLC under the State of Florida document number L15000043336 are released herewith, to be used by Just ePay, LLC with the State of Florida document number L08000028767. It is the intent of the sole-owner of both entities, Mr. Prasad Valay, to use iGov ePay, LLC in place of Just ePay, LLC without restriction.

Should further documentation be needed, please let us know.  
Thank you.

Sincerely  
Prasad Valay, President and MBR



iGov ePay, LLC

File (1)

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Just-epay 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 03/19/2008 and assigned  
Florida document number L08000028767.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

iGov ePay LLC

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**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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FLORIDA

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04/01/2017 12:01 a.m.

**(optional)**

**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.

(b) The 90th day after the record is filed.

Dated 03/29/2017, at           

Signature of a member or authorized representative of a member

Prasad Valay

Typed or printed name of signee