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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: VPS of Merchant Advantage, LLC Name of Limited Liability Company
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	CAMENDOLYN Guillotte Name of Person
	NPS of Monches Advantage, LLC Firm/Company
	362 Gulf Breeze PKwy, Sto 283
	Gulf BREEZE Fl. 37561 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
_C	Name of Person at (86) 377-7654 Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
□\$ 2:	5.00 Filing Fee Certificate of Status S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for the Organ	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil CENTRIC MO The new name must be distinguishable and end with the words "Limited liabil".	rchant Solutions UC
L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Coursolyn Guillotte 229 Florisa Ave Gulf Breeze, Fl-32561
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	GWEN Crillofte 362 Gulf Browzefkwy. Sto283 Gulf Browze, Pl. 32561
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	ECRE AND ASSESSED AND ASSESSED AND ASSESSED ASSE
New Registered Office Address:	Enter Florida street lattress. Florida - Flor
	City 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			
			Add Remove
			AddRemove
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D. If amen	ding any other information, enter o	change(s) here: (Attach additional shee	
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Dated	5/16/12		·
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Filing Fee: \$25.00