L08000047224

(Re	questor's Name)	, ,
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(Ad	dress)	
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· ·	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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05/29/08--01026--001 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN

MAY 3 0 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Able2pa		ited Liability Company)	
	Amendment and fee(s) are sub	-	
	Sandra Feinberg	(Name of Person)	
		(1.1111)	
	Able2pay	(Firm/Company)	OR MAY 29 PM 1: 55
		(1 in Company)	15 Jan 19
	10047 NW 2nd Street		120 OF 52
		(Address)	on Pr
	Coral Springs, Florida 3	3071	
		(City/State and Zip Code)	OF CORPORATIONS 129 PM 1:55
For further information c	oncerning this matter, please c	all:	
Sandra Feinberg		at (954) 242.4699	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne following amount:		
2 \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS: ration Section	STREET/COURIER Registration Section	ADDRESS:

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Able2pay LLC			29 037
(Name of the Limited I (A F	Jability Company as it now a lorida Limited Liability Comp	ppears on our records.)	一名歌
The Articles of Organization for this Limited Lial Florida document number <u>L08000047224</u>		_n 5/12/2008	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compar	v here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability (Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or		on our records, enter the	name of the new
registered agent and/or the new registered offi			
Name of New Registered Agent:	Sandra Feinberg		
New Registered Office Address:	10047 NW 2nd Street		
		(Enter Florida street addres	s)
	Coral Springs	, Florida <u>33071</u>	
	(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 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, <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

Dominic J. Guardino Sr.	7409 Briella Drive Boynton Beach, FI 33437	Add Remove
Sandra Feinberg	10047 NW 2nd Street Coral Springs, FL 33071	Add Remove
		Add Remove
		Add Remove
		Add Remove
		Add Remove
ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE STATE OF CORPORATIONS 08 MAY 29 PM 1:55
5-28 <u>Jandia Fer</u> Signature of a me Sandra f	-einberg	
	ding any other information, enter ch	Sandra Feinberg 10047 NW 2nd Street Coral Springs. FL 33071 ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) 5-28 Amalia Feinberg Sandra Feinberg 10047 NW 2nd Street Coral Springs. FL 33071

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Filing Fee: \$25.00