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J. BRYAN

JUN 2 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Progressive M (Name of Limited L	iability Company)
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
4600 Militar	Name of Person) Man Byrd PA (Firm/Company) Y Toail, Snite 212 (Address) 33458
	/State and Zip Code)
For further information concerning this matter, please call:	
Stacey Stabile (Name of Person)	at (Sb1) 961-2070 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Scertified Copy (additional copy is enclosed) \$60.00 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Progressive Merchant Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(111.6)	tua Bhinton Bhaomy company,	
The Articles of Organization for this Limited Liabili	,	2008 and assigned
Florida document number <u>LD8 00 00 5 03</u>	<u>199</u> .	JUN 21
This amendment is submitted to amend the following	g:	T GROST
A. If amending name, enter the new name of the	limited liability company here:	11: 50 11: 50
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	<u> </u>	ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florid	a street address)
	·	,
_		Florida (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 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 <u>Title</u> <u>Name</u> Address Type of Action Andrew Pineiro MGRM _ Add Remove MGRM _ Add Remove Gemini Partner, LLC MGRM Add Add Remove □ Add Remove Add Add Remove r Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Zietz Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00