

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000055418

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** AMAZING PAYMENTS, LLC

**Current Principal Place of Business:**

8037 W MCNAB RD  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

10189 W SAMPLE RD  
CORAL SPRINGS, FL 33065 US

**Current Mailing Address:**

8037 W MCNAB RD  
TAMARAC, FL 33321 US

**New Mailing Address:**

10189 W SAMPLE RD  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 26-2788102      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MUNIZ, KAREN B  
8037 W MCNAB RD  
TAMARAC, FL 33321 US

**Name and Address of New Registered Agent:**

MUNIZ, KAREN B  
10189 W SAMPLE RD  
CORAL SPRINGS, FL 33065 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAREN MUNIZ

02/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MUNIZ, KAREN B  
Address: 10189 W SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KAREN MUNIZ

MGR

02/23/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date