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(ке	questor's Name)				
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phone #	#)			
PICK-UP	☐ WAIT	MAIL			
· (Bu	siness Entity Name	e)			
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to	Eiling Officer	,			
Special instructions to	Filling Officer.				
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Corf		• .		
SUBJE	ECT:	Pa	ayror, LLC		
,			ited Liability Company		
The en	closed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please	return all correspor	ndence concerning this matte	r to the following:		
			Jason Rorie		
			Name of Person		
			Payror, LLC		
			Firm/Company		
			1977 10th Avenue N.		
			Address		
		L	ake Worth, FL 33461		
			City/State and Zip Code		
		E-mail address: (to be used for future annual rep	ort notification)	
For fur	ther information co	ncerning this matter, please	call:		
		son Rorie	at (561)	429-3	
	Name of	Person	Area Code &	Daytime Teleph	one Number
Enclose	ed is a check for the	e following amount:			
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is each		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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



, LLC	TALLAHASSEE FLORIDA
ny as it now appo Liability Company	ears on our records.)
were filed on	February 20, 2009 and assigned
ility company h	nere:
ted Liability Con	npany," the designation "LLC" or the abbreviation
1977 10th A	Avenue N.
Lake Worth	n, FL 33461
1977 10th <i>F</i>	Avenue N.
Lake Worth	, FL 33461
fice address on <u>e</u> :	our records, enter the name of the new
·····	r . r
I	Enter Florida street address
Citv	, Florida Zip Code
	were filed on

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

MGRM = Managing Member Title <u>Name</u> Address **Type of Action** MGRM Laura Rorie ___ Add 4321 Melaleuca Lane Lake Worth FL 33461 ∇ Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Aragust 27 2009 Dated _ Signature of a member or authorized representative of a member Jason Rorie Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00