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11/12/09--01010--008 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sunguest Payment Solotions, CC (Name of Limited Elability Jompany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ashiel P. Djeda Name of Person Sunguest Paymentsolutions (CC Firm/Company 1152 103" St # 23 Address Ray Harbor Islands PL 337555 City/State and Zip Code Ashiel Ojeda Qust. biz
For further information concerning this matter, please call:
Ashiel Ojeda at (365) 968-1579 Name of Person Name of Person at (365) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified 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

Sunguest Da	yment Solut	2405		
Name of the Limited I	y ment Solut Stability Company as it now appears Florida Limited Liability Company)	on our records.)		
		112/09		
The Articles of Organization for this Limited Lia	bility Company were filed on	and assigned		
The Articles of Organization for this Limited Lia Florida document number	860	·		
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company here	:		
The new name must be distinguishable and end with	the words "Limited Liability Company	y" the designation "LLC" or the abbreviation		
"L.L.C."	the words Emilied Elability Company	y, the designation Liber of the aboveviation		
Enter new principal offices address, if applica	ble:	7.0 7.0		
(Principal office address MUST BE A STREET	ADDRESS)	5		
		9 1		
		83 Z		
Enter were realised address if applicables				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	<u></u>	· · · · · · · · · · · · · · · · · · ·		
	2			
B. If amending the registered agent and/o registered agent and/or the new registered off		ir records, enter the name of the new		
registered agent and/or the new registered of	ice audress nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	Enter Florida street address		
		. Florida		
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action** Kahl, Edward ☐ Add Remove ☐ Add ☐ Remove 2 ∏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

Page 2 of 2

Filing Fee: \$25.00