

L09000037860

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(City/State/Zip/Phone #)

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(Business Entity Name)

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NOV 16 2009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 12 PM 1:21

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunguest Payment Solutions, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashiel P. Ojeda
Name of Person

Sunguest Paymentsolutions, LLC
Firm/Company

1152 103rd St # 23
Address

Bay Harbor Islands, FL 33154
City/State and Zip Code

ashiel.ojeda@usi.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashiel Ojeda at (305) 968-1579
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & 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

Sunguest Payment Solutions
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

Page 1 of 2

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	Name	Address	Type of Action
MGRM	Kahl, Edward	1152 103 rd St #23 Bay Harbor Is. FL 33154	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 STATE OF FLORIDA
 SECRETARY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Remove Edward Kahl from

Dated

11/5/09, 2009

Signature of a member or authorized representative of a member

Ashnil P. Ojeda

Typed or printed name of signee