

L09000041537

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

NOV -5 2010

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SaleManager Merchant Services 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:

Kesha Emerson

Name of Person

Firm/Company

9838 Old Baymeadows Rd Ste 99

Address

Jacksonville FL 32256

City/State and Zip Code

kesha.emerson@salemanager.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kesha Emerson

Name of Person

at ( 800 )

918-4890

Area Code & Daytime Telephone Number

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SaleManager Merchant Services LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/29/2009 and assigned  
Florida document number L09000041537.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SaleManager Payment Solutions LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Kesha Emerson

New Registered Office Address:

9838 Old Baymeadows Rd Suite 99

*Enter Florida street address*

Jacksonville

, Florida

32256

*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)**

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joe Bracken	9838 Old Baymeadows Rd Suite 99 Jacksonville FL 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Pamela Bracken	9838 Old Baymeadows Rd Suite 99 Jacksonville FL 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kesha Emerson	9838 Old Baymeadows Rd Suite 99 Jacksonville FL 32256	<input checked="" 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

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

see attached

Dated October 15, 2010

Pamela Bracken

Signature of a member or authorized representative of a member

Pamela Bracken

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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