

L09000111549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

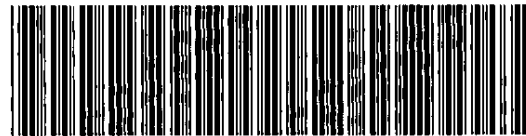
Special Instructions to Filing Officer:

A. LUNT

AUG 25 2010

EXAMINER

Office Use Only



400184518034

400184518034
08/24/10--01025--009 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG 24 PM 4:40

FILED

SHAPIRO
LIFSCHITZ &
SCHRAM

August 23, 2010

By FedEx

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: MDS of Delray Beach, FL, LLC

Dear Sir or Madam:

Please find enclosed Articles of Amendment to the abovementioned entity. Please cause the Articles to be filed and send me a letter in confirmation that the name change of the entity has been accepted.

A check in the amount of \$25 is also enclosed for the filing fee.

Should you have any questions or are unable to process this request, please telephone me immediately at 202-689-1900, ext. 3053. Thank you for your assistance with this matter.

Sincerely,


Adrienne C. Brakefield

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDS of Delray Beach, FL, 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:

Adrianne Brakefield
Name of Person
Shapiro, Lifschitz & Schram, P.C.
Firm/Company
1742 N Street, N.W.
Address
Washington, D.C. 20036
City/State and Zip Code
brakefield@sislaw.com
E-mail address: (to be used for future annual report notification)

FILED
2010 AUG 24 PM 4:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Adrianne Brakefield at (202) 689-1900
Name of Person 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**

MDS of Delray Beach, FL, 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 11/19/2009 and assigned
Florida document number L09000111549.

This amendment is submitted to amend the following:

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

Merchant Data Systems of the Palm Beaches, 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)

FILED
2010 AUG 24 PM 4:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

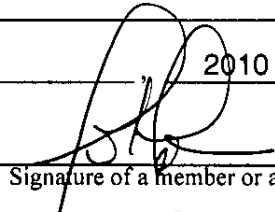
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated August 24, 2010.


Signature of a member or authorized representative of a member

Steven H. Schram, Esq.

Typed or printed name of signee

FILED
210 AUG 24 PM 4:40
CLERK OF CIRCUIT
TALLAHASSEE FLORIDA