

40000006741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

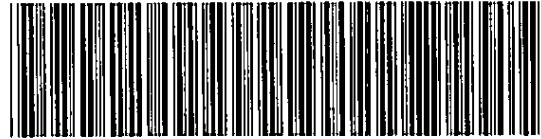
(Business Entity Name)

(Document Number)

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2022 AUG -4 PM 1:52
FEB 20 2022

12/01/22

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIFESAVER NETWORK USA 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:

STEPHANIE MITTELMARK

Name of Person

ONECARD GLOBAL, LLC

Firm/Company

3469 W BOYNTON BEACH BLVD SUITE 2 PMB 1100

Address

BOYNTON BEACH, FL 33436-4639

City/State and Zip Code

ONECARDGLOBAL@GMAIL.COM

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

For further information concerning this matter, please call:

Stephanie Mittelmarm

561 305-9984

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

LIFESAVER NETWORK USA, LLC

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

2022 AUG -4 PM 1:52

The Articles of Organization for this Limited Liability Company were filed on 1/19/2010 and assigned
Florida document number L10000006741.

This amendment is submitted to amend the following:

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

ONECARD GLOBAL, LLC

The new name must be distinguishable and contain 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)

3469 W BOYNTON BEACH BLVD

SUITE 2 PMB 1100

BOYNTON BEACH FL 33436-4639

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:

STEPHANIE MITTELMARK

New Registered Office Address:

3469 W BOYNTON BEACH BLVD SUITE 2 PMB 1100

Enter Florida street address

BOYNTON BEACH

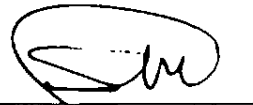
City

, Florida 33436-4639

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEVEN H HOFFMAN	6816 Camille St	<input type="checkbox"/> Add
		Boynton Beach, FL 33437	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHANIE MITTELMARK	3469 W BOYNTON BEACH BLVD	<input type="checkbox"/> Add
		SUITE 2 PMB 1100	<input type="checkbox"/> Remove
		BOYNTON BEACH FL 33436-4639	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2077 AUG -4 PM 1:52

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 28, 2022

Signature of a member or authorized representative of a member

STEVEN HOFFMAN

Typed or printed name of signee

Filing Fee: \$25.00