

L10000671391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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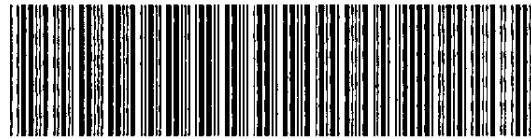
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY -3 PM 12:22

T. HAMPTON

MAY - 6 2011

EXAMINED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Finance Systems 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:

Khazra Maaranu  
Name of Person

DLeepr, LLC  
Firm/Company

P.O. Box 618212  
Address

Orlando, FL 32861  
City/State and Zip Code

Khazra.maaranu@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Khazra at (949) 466-4410  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Finance Systems LLC

11 MAY -3 PM 12:22

(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 7/7/2010 and assigned  
Florida document number L10000071391.

This amendment is submitted to amend the following:

**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," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9105 Pristine Circle

Orlando, FL 32818

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 6018212

Orlando, FL 32861

**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:

Khaazra Maadani

New Registered Office Address:

9105 Pristine Circle

*Enter Florida street address*

Orlando

*City*

Florida

32818

*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.*

*W. H. Williams R. Allen*

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>  |
|--------------|---------------------------|---|--|
| MGRM         | Premier Payment Solutions | 7152 Uta Romero<br>San Jose, CA 95139                 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | DPCCPS LLC                | P.O. Box 680258<br>Orlando FL 32868                   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Khazra Maaranu            | P.O. Box 618212<br>Orlando, FL 32861                  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Darnell Ponder            | 11625 Cease Road<br>Suite 110-190<br>Frisco, TX 75035 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                           |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                           |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11 MAY -3 PM 12:22

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Dated April 22nd, 2011.

Khazra Maaranu  
Signature of a member or authorized representative of a member  
Khazra Maaranu  
Typed or printed name of signee