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(R	requestor's Name)	
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AUG 10 2015 S. YOUNG

COVER LETTER

TO: Registration Se		€ Qan	Marie Company		
Division of Cou	POTATIONS	UT PAYON LE	voire, LLC		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ONVON	Name of Person	_		
		Firm/Company			
	P-C	2. Box 385			
		Address		্ৰ ক	
	SF T	CTERS Dune, FI City/State and Zip Code	3373/		
	ナアコ	City/State and Zip Code		5	
	E-mail address: (TLL @ AOL.C to be used for future annual report no	otification)		
For further information of	oncerning this matter, please ca	all:		्रा द्रा	
Joseph I.	delle Leia	at (727) 420	me Telephone Number	그러 왕	
Name (of Person	Area Code Dayti	me reiepnone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$60.00 Fil Certificat	ling Fee, te of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONVENIENT TAYOUY	LENDING , L.	LC
(A Florida Limited (A Florida Limited)	ipany as it now appears on our ed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa. Florida document number	ny were filed on	7/2010 and assigned
This amendment is submitted to amend the following:	t is submitted to amend the following: In Profes Inancia Services Lice In Profes In India Services Lice In India S	
A. If amending name, enter the new name of the limited li	ability company here:	
EMPLOYEE FINANCIAL	- SERVICES,	UC
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	//5	1
(Principal office address MUST BE A STREET ADDRESS)		ां कु क
		11 2 11
Enter new mailing address, if applicable:	~/A	
(Mailing address MAY BE A POST OFFICE BOX)	/	三
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida stree	et 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 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

MGR = Manager AMBR = Authorized Member				
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action	
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Filing Fee: \$25.00