

L10000092086

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAR -1 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fortis Payment 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:

Andrew A. Ayar, Esq.

Name of Person

Strobl & Sharp, P.C.

Firm/Company

300 E. Long Lake Rd., Suite 200

Address

Bloomfield Hills, MI 48304

City/State and Zip Code

aayar@stroblpc.com

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

For further information concerning this matter, please call:

Andrew A. Ayar, Esq.

Name of Person

at (248)

540-2300

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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

Fortis Payment Systems, 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 September 1, 2010 and assigned Florida document number L10000092086.

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)

43155 Main St.

Suite 2310-C

Novi, Michigan 48375

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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>
MGRM	Sylvia Nafso	21165 Bridle Run Northville, Michigan 48167	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Timothy R. Nafso	43155 Main St. Suite 2310-C Novi, Michigan 48375	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Nirav Shah	43155 Main St. Suite 2310-C Novi, Michigan 48375	<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)*

Article V of the Articles of Organization is hereby amended to read as follows:

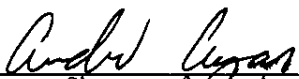
The limited liability company shall be managed by one or more managers and

the name and address of the Managers of the limited liability company are

(i) Timothy R. Nafso, 43155 Main St., Suite 2310-C, Novi, Michigan 48375, and

(ii) Nirav Shah, 43155 Main St., Suite 2310-C, Novi, Michigan 48375.

Dated February 23, 2011.



Signature of a member or authorized representative of a member

Andrew A. Ayar, Esq., Authorized Representative

Typed or printed name of signee

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TALLAHASSEE, FLORIDA