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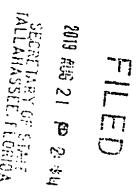
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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AUG 3 8 2018

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	Cardplatfor				
SUBJECT:			ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Michael G. Park, Esq.			
			Name of Person		
		Michael G. Park, P.A.			
			Firm/Company		
		604 Banyan Trail #811352			
			Address		
		Boca Raton, FL 33481			
		mike@mgp-law.com	City/State and Zip Code		
		- -	to be used for future annual repo	ort notification)	
For further in	aformation c	oncerning this matter, please ca	all:		
Michael G. l	Park		561 454-74	404	
	Name o	f Person		Daytime Telephone Number	
Enclosed is a	check for tl	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	n Certified	te of Status &
	MAIL	ING ADDRESS:	STREET/CO	OURIER ADDRESS:	

TO:

Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Cardplatforms LLC

(Name of the Limited Liability Company as it now appears on our records.) 2019 ASS 21 P 2 24

The Articles of Organization for this Limited Liability Company	were filed on 11/08/2010	SECRETARY OF STATE TALLAHASSEESPECKIDA
Florida document number 1.10000116517		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company "the designation "I I ("" or the abbreviation "LLC"
•	56 East Broadway, Suite 500	of the above viation (E.I.A.)
Enter new principal offices address, if applicable:	Salt Lake City, UT 84111	
(Principal office address MUST BE A STREET ADDRESS)	Said Lake City, 01 64111	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our record	ls, 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 addre	S.S.
	, F	lorida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Oesterlund, Robert		Add
			■ Remove
			Change
MGR Braunstein, Jay	444 Madison Ave, 40th Floor	<u></u>	
		New York NY 10022	□ Remove
			,
MGR	MGR Nechamkin, Gabe	444 Madison Ave, 40th Floor	■ Add
	New York NY 10022	□ D	

MGR	1GR Dunn, Brandon	444 Madison Ave, 40th Floor	Change
		New York NY 10022	
			Remove
MGR	Laks, Matt	444 Madison Ave, 40th Floor	Change
		New York NY 10022	■ Add
			☐ Remove
	Laks, Matt		Change
	Laks, Mati		
			□ Remove
			Change

Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
The	August 20 . 2019
The	August 20 . 2019 Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00