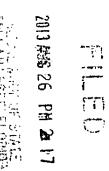
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COVER LETTER

TC:

Registration Section
Division of Corporations

SUBJECT:

MERIDIAN STAR MERCHANT SERVICES, 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:

THOMAS WELLS

Name of Person

MERIDIAN STAR MERCHANT SERVICES, LLC.

Firm/Company

1640 W. Oakland Park Blvd. Suite 301

Address

FT. LAUDERDALE, FLORIDA 33311

City/State and Zip Code

tom@meridianstarms.com

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

For further information concerning this matter, please call:

Thomas Wells

ູ,772_、607 1200

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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERIDIAN STAR MERCHANT SERVIC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000008348</u>		and assigned 2
This amendment is submitted to amend the following:		7 3
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1640 W. Oakland Park Blvd	d. Suite 301
	FT. LAUDERDALE, FLORI	DA 33311
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1640 W. Oakland Park Blvd FT. LAUDERDALE, FLORI	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the ne
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 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:

	Managing Member	<u>Address</u>	Type of Action
<u>Title</u>	<u>Name</u>	Addition	
·			Add
			Remove
			Add
			Add and Remove
			() - ()
			Add
			Remove
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			Add
		Remove	
		-	Remove
			Add
			Remove

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
-				
-				
ated	Jamel All Mallowers			
	Signature of a member or authorized representative of a member			
	Signature of a member or authorized representative of a member / THOMAS WELLS -8/21/2013			
	Typed or printed name of signee			
	Page 3 of 3			

Filing Fee: \$25.00