3,21:43 Division of Corporations Florida Department of State **Division** of Corporations **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H14000106077 3))) H140001060773ABC Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. то: Division of Corporations Fax Number : (850)617-6383 From: 1 N Account Name : AKERMAN LLP - ORLANDO Account Number : 076656002425 Phone : (407) 423-4000 75 Fax Number 1 (407)843-6610 æ N **Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RECEIVE **GREENWISE BANKCARD, LLC** Certificate of Status 0 လူ Certified Copy 0 03 Page Count MAY - 5 2014 \$25.00 Estimated Charge T CLINE Electronic Filing Menu Corporate Filing Menu Help ÷

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREENWISE BANKCARD, LLC (Name of the Limited Linbility Company as it now appears on our records.) (A Florida Limited Linbility Company)

The Articles of Organization for this Limited Liability Company were filed on <u>May 4, 2011</u> and assigned Florida document number <u>L11000052842</u>.

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)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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 addres	s.
	, Fla	Drida 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

MGR	Kim Fitzsimmons	4400 W. Sample Road, Sulte 246	
,	·····	Coconut Creek, FL 33073	🖾 Add
MGR	Lee Bryan	525 Okeechobee Boulevard, Suite 10	950 Add
		West Palm Beach, FL 33401	Remove
			0 Add 72 (5 C
			2014 MAY -2 MA 9 21 SECTION TARY DESTINATION
			Add
			Add
			🗆 Remove
		Page 2 of 3	

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U0001060	773 other information, enter change(s) here: (Attach additional sheets, if necessary.)	-	
(The effective date mus	other than the date of filing:(optional) to specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after t is filed by the Florida Department of State) May 2 , 2014	-	
	Signature of a monthly WAA horized representative of a niember Robert Dimattina Typed or printed name of signee		
	Page 3 of 3 Filing Fee: \$25.00	2014 MAY -2 MA 8 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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