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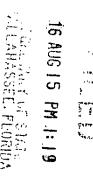
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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: MER	CHANT PAYMENTS	ACCEPTANCE CORP LLC	,, , , , , , , , , , , , , , , , , , ,
·	Name of Limite	ed Liability Company	
The enclosed Articles of Amer	ndment and fee(s) are subm	nitted for filing.	
Please return all correspondence	ce concerning this matter to	o the following:	
	M_{col}	Name of Person Fl Law Firm/Company	
	I I COT	Name of Person	
	\.\.		•
	WF	T IM	
		Firm/Company	
_	1250 5	PINE ISLAND RO, STE 20 Address	0
		Address	
_	Pan	MARIUM FL 33324	
_		City/State and Zip Code	
	Mv	NILO @ WEPLAW, com	
	E-mail address: (to	be used for future annual report notificati	ion)
For further information concer	ming this matter, please cal	1:	
Mighten	Wiss	at (154) 944 - 2853 Area Code Daytime Tel	
Name of Pers	on	Area Code Daytime Tel	ephone Number
			•
Enclosed is a check for the fol	lowing amount:		
2 \$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

MERCHANT	PAYIMING ACCEPTANCE (
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	a our records.)	
The Articles of Organization for this Limited Liab Florida document numberL11 000106013	ility Company were filed on9	116/2011	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here	:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the design	gnation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		·
Enter new mailing address, if applicable:			16 AU
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		335 G
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter (the name of the new
10giovertea agent announced her 10giotes ea ont			9
Name of New Registered Agent:	WFP LAW		
New Registered Office Address:	1250 S PINE VSLAN Enter Florida	street address	
	PUNTATION	, 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

)
•	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of fility. If the date inserted in this block does not meet the applicable statutor ment's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 60.	
ecord specifies a delayed effective date, but not an effective date, but not an effective 90th day after the record is filed.	tive time, at 12:01 a.m. on the earli	ier
d_8/./16		

Page 3 of 3

Filing Fee: \$25.00