

L11000140728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

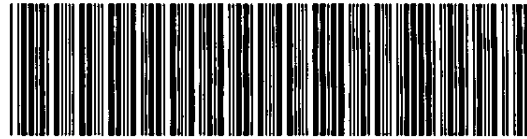
(Business Entity Name)

(Document Number)

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2013 OCT -3 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT -4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Primepay of Southeast 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:

John W Feyl

Name of Person

DECH Properties LLC

Firm/Company

5402 West Laurel Street Suite 220

Address

Tampa FL 33607

City/State and Zip Code

jfeyl@primepay.com

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

For further information concerning this matter, please call:

Joseph L Carney

Name of Person

at (800) 763-0415

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**

FILED
2013 OCT -3 AM 11: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Primepay of Southeast 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 12/15/2011 and assigned
Florida document number L11000140728

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DECH Properties LLC

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)

5402 West Laurel Street

Suite 220

Tampa FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5402 West Laurel Street

Suite 220

Tampa FL 33607

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:

5402 West Laurel Street Suite 220

Enter Florida street address

Tampa

City

Florida 33607

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:

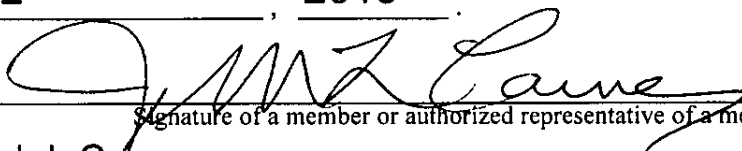
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

- Change address for MGR from 5440 Beaumont Center Blvd
Suite 445, Tamp FL 33634 to
5402 West Laurel Street, Suite 220
Tampa FL 33607

Dated October 2, 2013



Signature of a member or authorized representative of a member

Joseph L Carney

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA