L11000142896

(R	Requestor's Name)
(A	address)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer

A. LUNT

FEB - 6 2011

EXAMINER

Office Use Only



100220358761

02/03/12--01004--009 **25.00

COVER LETTER

	distration Section dision of Corporations		
SUBJECT:	NEIGHBORHO	OOD PAYMENT CENTER	
SUBJECT.		imited Liability Company	
The enclosed	Articles of Amendment and fee(s) are	submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following:	
		ALEXIS AQUAMINA	
		Name of Person	
	NEIGH	BORHOOD PAYMENT CENTER	7× 2
		Firm/Company	2012 FEB
		6209 NW 18 AVE	于
		Address	1.2.1 m/c (re-z
		MIAMI, FL 33142	
		City/State and Zip Code	
	NI	PC6209@COMCAST.NET	
	E-mail addres	ss: (to be used for future annual report notification)	_
For further in	formation concerning this matter, please	se call:	
	ALEXIS AQUAMINA	at (305) 4674752	
	Name of Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a	check for the following amount:		
√ \$25.00 Fi	ling Fee \$\bigcup\$\$30.00 Filing Fee & Certificate of Status	S Certified Copy Certi (additional copy is enclosed) Certi	Filing Fee, ificate of Status & ified Copy itional 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	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEIGHBC (Name of the Limited I	RHOOD PAYMENT CE	ENIEK	
(A I	Liability Company as it now appea Florida Limited Liability Company)	is on our records.	
The Articles of Organization for this Limited Lia Florida document number L110001428	• • •	DEC. 2011	and assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to amend the follow.		na•	2012 F
A. If amending name, enter the new name of t	me munted hability company her	<u>.c.</u>	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation	197.00
Enter new principal offices address, if applical	ble:		77.42
(Principal office address MUST BE A STREET	ADDRESS)	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter	the name of the new
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 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 **Title** Name **Type of Action** Address MGRM **LOLA CAPERS 2911 NW 70 TERRACE** ☐ Add MIAMI EL 33142 Remove er en en en kar skripter ∏Add □ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) or a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00