## 41000142896

(Req	uestor's Name)			
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(Address)				
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(City/	/State/Zip/Phone	<del>2 #)</del>		
(City)	0.00.072.1077	,		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Doci	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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FILED

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SCURETARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE
FEB 1 3 2012
EXAMINER

## **COVER LETTER**

TO:

	tion Section of Corporations					
SUBJECT:	NEIGHBORHOO	EIGHBORHOOD PAYMENT CENTER LLC				
		mited Liability Company				
The enclosed Artic	cles of Amendment and fee(s) are s	ubmitted for filing.				
	orrespondence concerning this matt					
		ALEXIS AQUAMINA		_		
		Name of Person				
	NEIGHB	ORHOOD PAYMENT	CENTER			
		Firm/Company		r		
		6209 NW 18 AVE				
	**************************************	Address		•		
		MIAMI, FL 33142		E cra		
		City/State and Zip Code			2 F	-
	NP	C6209@COMCAST.N : (to be used for future annual rep	IET		0183	
		-	oort nourication)	SEE.		
For further inform	ation concerning this matter, please	e cail:		E S	7	ED
,	ALEXIS AQUAMINA	at ( 305 )	467-4752	STATE FLORI	1: 04	
1	Name of Person	Area Code &	Daytime Telephone Number	r 🌣	•	
Enclosed is a chec	k for the following amount:					
<b>√</b> \$25.00 Filing F	Fee \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certified	ate of Stat		osed)
] ]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division of Clifton Bui	f Corporations			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEIGHBURHUUU	PAYMENT CE	NIER
( <u>Name of the Limited Liability Com</u> (A Florida Limited	i Liability Company)	rs on our recorus.)
The Articles of Organization for this Limited Liability Compar Florida document numberL11000142896	ny were filed on	12/21/2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ibility company her	<u>e</u> :
The new name must be distinguishable and end with the words "Li.L.C."	mited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<b>7</b>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		ASSEE, FEO.
Mailing address MAY BE A POST OFFICE BOX)		OR TATE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he Name of New Registered Agent:  New Registered Office Address:	<u>re</u> :	our records, enter the name of the ne
	£.ni	
	City	, Florida 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 Type of Action **Address** <u>Title</u> <u>Name</u> **MGRM** CHINESTER ROLLE \_ Add 2310 NW 91 STREET ✓ Remove MIAMI, FL 33147 ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee