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July 17, 2013

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

Amendment - Name Change for FI Document # L12000039069

To Whom it may concern:

Enclosed is a properly completed and executed Articles of Amendment to change the name of Crewcash LLC to Maritime Payment Solutions LLC.

Enclosed is check #8136 for \$55.00 which includes the \$25.00 filing fee and \$30.00 for a certified copy.

Thank you for your attention to this matter.

Stuart L Ostrow

Crewcash LLC / Maritime Payment Solutions LLC

2015 SW 20th Street

Suite 200

Ft. Lauderdale, FL 33315

(954) 990-5429

2013 JUL 22 PH 12: 47

COVER LETTER

TO:	' Registration Section
	Division of Corporation:

SUBJECT: Crewcash 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:

Megan Cook

Name of Person

Global Technology Partners

Firm/Company

9820 East 41st Street, Suite 301

Address

Tulsa, OK 74146

City/State and Zip Code

mcook@gtplimited.com

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

For further information concerning this matter, please call:

Megan Cook

Name of Person

...918\628-3320

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

Crewcash LLC			
(<u>Name of the Limite</u>	<mark>d Liability Compa</mark> A Florida Limited L	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited I Florida document number <u>L12000039069</u>	2012 and assigned		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
Maritime Payment Solutions LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		28
(Principal office address MUST BE A STRE		Not Applicable	22 5 T
			S 22
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		Not Applicable	RA W
			20
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>'e</u> ;	is, enter the name of the new
Name of New Registered Agent.	Nict Applica	- hla	- · · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Not Applica		street address
		. 1	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
	Not Applicable		Add
			Remove
			Add
			Remove
			Add
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			<u>121 S</u>
			TO Add
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_	ling any other information, enter change(s) here: (Attach additional sheets, if nec	ressary.)	
<u> </u>	ot Applicable		
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ed	JU17 17, 2015.		
	StA Det	**	
	Signature of a member or authorized representative of a member		
	STUAOT 1 OSTRUW		_
	Typed or printed name of signee		
	Page 3 of 3		
	Filing Fee: \$25.00	بالتاز	

FALLAHASSEE J

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