L120000830567527703

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000293064 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations Fax Number : (850)617-6383

From:

| : | | | | |
|---|----------------|---|----------------|------|
| | Account Name | | SUPERBIZ, COM, | INC. |
| | Account Number | : | 120070000160 | |
| | Phone | : | (800) 494-3124 | |
| | Fax Number | : | (561)455~9885 | |
| | | | | |

Enter the email address for this business entity to be used for future annual report mailings, Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXPRESS FUNDING & MERCHANT SERVICES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | j 04 |
| Estimated Charge | \$25.00 |



Electronic Filing Menu

ö

HH

RECEIVED

u Corporate Filing Menu

Help

J. SAULSBERRY EXAMINER

DEC 17 2012

A1A

3056752811 p.2

H120002930643

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPRESS FUNDING & MERCHANT SERVICES 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 <u>06/22/2012</u> and assigned Florida document number <u>L12000082703</u>

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

| Enter new principal offices address, if applicable: | 2226 NW 8TH COURT | _ A∽ | 28 | |
|---|----------------------|------------|---------|--|
| (Principal office address MUST BE A STREET ADDRESS) | GAINESVILLE FL 32609 | NCR NCR | 2 0 | |
| | | | R | |
| | | JS: X8 | ţ | |
| Eater new mailing address, if applicable: | | mo mo | 20 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 1:ST | | |
| | | NTE NTE | <u></u> | |

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

| Name of New Registered Agent: | | |
|--------------------------------|---------------|-------------------|
| New Registered Office Address: | Finter Florie | la street address |
| | | Fiorida |
| | 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

Page 1 of 3

H120002930643

| 3056752811 | p.3 | | | |
|------------|-----|---|-----|---|
| H12000 | 29 | 3 | 064 | 3 |

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

A1A

| <u>Title</u> MGRM | Name SAMUEL SIMS | Address 2226 NW 8TH COURT GAINESVILLE FL 32809 | Add |
|----------------------|---------------------|---|------------|
| | | | Add |
| | | | |
| | | AHASSEL, FL ORIDA | |
| | | | Add Remove |
| | | | Add Remove |

H120002730643

| A1A | 3056752811 | p.4 |
|-----|------------|---------|
| | 412000 | 2930643 |

D. If aintending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 13 2012 ann Signature of a member or authorized representative of a member WAYNE A. FOX, Typed or printed name of signee

Page 3 of 3

FILED SECRETARY OF STATE ALLAHASSEE, FL DRID, ί

H120002930643