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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

10/21/2020

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JAMES ACCOUNTING & TAX PRACTICE, INC.

Account Number : I20000000159 Phone : (305)595-2886 Fax Number : (305)595-2898

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

Fmail	Address:		

## COR AMND/RESTATE/CORRECT OR O/D RESIGN GRAND PAYMENT SERVICES, LLC

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION TO THE FOR

GRAND PAYMENT SERVICES, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on bility Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Company w Florida document number L12000099197	ere filed on 08/01/2	012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	ation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:	dress on our recor	ds, <u>enter the nam</u>	e of the new registeres
New Registered Office Address:			
	Enter Florida si	reet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as proving filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my ovided for in Chap	duties, and I am fe ter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
MGR	The DM Life Interest Trust	15 A Street, Kings Park, Belize City, Belize.	<b>\</b> Add
			□Remove
			Change
MGR	DAVID MITCHELL	10749 SW 104TH STREETMIAMI, FL 33176 FL	□Add
			BRemove
			Change
			DAdd
			□Remove
			Change
			CAdd
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			Change

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Effectiv	re date, if other than the date of filing: (optional)
if an effo	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ru is me	u.
Dated	
- 17au	
	Signature of a member or anthorized representative of a member

Filing Fee: \$25.00