## 1/2000/09330

| (Re                     | questor's Name)     |              |
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| PICK-UP                 | ☐ WAIT              | MAIL         |
| (Bu                     | siness Entity Name  | a)           |
| (Do                     | ocument Number)     |              |
| Certified Copies        | Certificates        | of Status    |
| Special Instructions to | Filing Officer:     |              |
|                         |                     |              |
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2016 OCT 31 PM 3: 02
SECRETARY OF STATE

K. SALY NOV - 1 2016

## **COVER LETTER**

| Division of Co             |  |   |   |
|----------------------------|--|---|---|
| PAYTELL SUBJECT:           | ER, LLC  |   |   |
| SUBSECT.                   | Name of Limi   | ited Liability Company  |   |
|                            | Amendment and fee(s) are submondence concerning this matter to | _   |   |
|                            | Robert P. O'Linn   |   |   |
|                            |  | Name of Person  |   |
|                            | Balch & Bingham LLP  |   |   |
|                            |  | Firm/Company  | <del></del>   |
|                            | 841 Prudential Drive, Suite                                    | 1400  |   |
|                            |  | Address   |   |
|                            | Jacksonville, FL 32207   |   |   |
|                            |  | City/State and Zip Code   |   |
|                            | bolinn@balch.com E-mail address: (t                            | to be used for future annual report notifi                          | cation)   |
| For further information of | concerning this matter, please ca                              | ·   | ·····,  |
| Robert P. O'Linn           |  | 904 348-6876  |   |
| Name o                     | of Person  | at () Area Code Daytime   | Telephone Number  |
| Enclosed is a check for t  | he 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,<br>Certificate of Status &<br>Certified Copy<br>(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**

FILED
2016 OCT 31 PM 3: 02
TALLAHASSEE FLORIDA

PAYTELLER, 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 Florida document number <u>L12000109330</u> .           | were filed on and assigned                                       |
|---|--|
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 21550 Oxnard St., Suite 650                                      |
| (Principal office address MUST BE A STREET ADDRESS)   | Woodland Hills, CA 91367   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |  |
|   | *  |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  |  |
|   | Enter Florida street address                                     |
|   | , Florida<br>City Zip Code                                       |
|   |  |

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

| MGR = Ma<br>AMBR = Au | กล์ger<br>thorized Member |                      |                         |
|-----------------------|---------------------------|----------------------|-------------------------|
| Title                 | Name                      | <u>Address</u>       | Type of Action          |
| MGR                   | FOSTER, JEFFREY E         | 17713 BESITO WAY     |                         |
|                       |                           | BOCA RATON, FL 33496 | ■ Remove                |
|                       |                           |                      | Change                  |
|                       |                           |                      |                         |
|                       |                           |                      | □ Remove                |
|                       |                           |                      | Change                  |
|                       |                           | •                    | TALLAHASH               |
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|              | □ Change   |
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| ffective date, if other than the date an effective date is listed, the date must be sometimes. If the date inserted in this block document's effective date on the Depart | ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(boss not meet the applicable statutory filing requirements, this date will not be listed as the | <b>ኒ</b><br>(\$<br><sub>()</sub> |
| ocument's effective date on the Depart  | nent of State's records.  |                                  |
| e record specifies a delayed eff<br>The 90th day after the record   | ective date, but not an effective time, at 12:01 a.m. on the earlier of: s filed.   |                                  |
| October 27  | 2016  |                                  |
|   | ··  |                                  |
| Jall P.   |   |                                  |

Page 3 of 3

Filing Fee: \$25.00