

L13000030231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

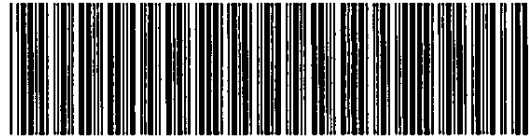
(Business Entity Name)

(Document Number)

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13 MAY 24 PM 5:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 28 2013  
J. BUTLER

TO: Registration Section  
Division of Corporations

Prepaid Partners II, LLC

SUBJECT: \_\_\_\_\_  
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:

Shamir Patel

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

8824 Oak Landings Court

\_\_\_\_\_  
Address

Orlando, Floriad 32836

\_\_\_\_\_  
City/State and Zip Code

shamir.j.patel@gmail.com

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

For further information concerning this matter, please call:

Shamir Patel

407 9026090

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

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13 MAY 24 PM 5:17  
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TALLAHASSEE, FLORIDA

**TO  
ARTICLES OF ORGANIZATION  
OF**

Prepaid Partners II, 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 02/26/2013 and assigned  
Florida document number L13000030231

**FILED**  
13 MAY 24 PM 5:17  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA

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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

The Infurna Law Firm, P.A.

New Registered Office Address:

69 East Pine Street

*Enter Florida street address*

Orlando

, Florida

32801

*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

or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Shamir Patel	8824 Oak Landings Court Orlando, FL 32836	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Robert Morcos	801 NE 167th Street North Miami Beach, FL 33162	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Prepaid Partners, LLP	69 East Pine Street Orlando, Florida 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Keith Mawardi	69 East Pine Street Orlando, Florida 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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Dated May 17, 2013

*Shamir Patel*

Signature of a member or authorized representative of a member

Shamir Patel

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA