

L13000035373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

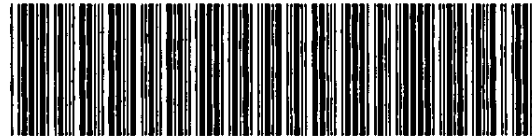
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13 MAY 24 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: **Registration Section**
Division of Corporations

Prepaid Partners V, 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

**TO
ARTICLES OF ORGANIZATION
OF**

Prepaid Partners V, 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 03/06/2013 and assigned
Florida document number L13000035373

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

or Managing Member being added or removed from our records:

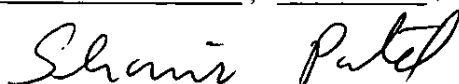
MGR = Manager

MGRM = Managing Member

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

Dated May 17, 2013



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