L13000059363

(Requestor's Name)	
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(Address)	
(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT	/ AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

N. Culligan MAY - 6 2013.

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Registration Section **Division of Corporations**

Pay My Rent LLC

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:

Bennett D. Golden

Name of Person

HSG Accounting Inc.

Firm/Company

2012 Lisenby Ave. Suite A

Panama City, FL 32405

City/State and Zip Code

Ben@hsqaccounting.com

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

For further information concerning this matter, please call:

Leonard E. Walters

at (850) 527-2700

Area Code & Daytime Telephone Number

Name of Person

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)

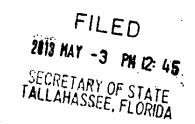
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Pay My Rent LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as <mark>it now appears on our records</mark> liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000059363</u> .	were filed on April 23, 2013	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 end with the words "Limi"L.L.C."	ted Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	5644 Martin Court	
(Principal office address MUST BE A STREET ADDRESS)	Panama City, FL 32404	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5644 Martin Court Panama City, FL 32404	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		ter the name of the new
New Registered Office Address:	Enter Florida stree	t address
·	, Florid	
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Leonard E. Walters	5644 Martin Court	Add
		Panama City, FL 32404	Remove
MGRM	Virginia C. Walters	5644 Martin Court	Add
		Panama City, FL 32404	Remove
			Add
			Add
			Remove
			Add Remove
<u></u>			Add
			Remove

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ated	
	Les Ewald
	Signature of a member or authorized representative of a member
	Leonard E. Walters
	Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE