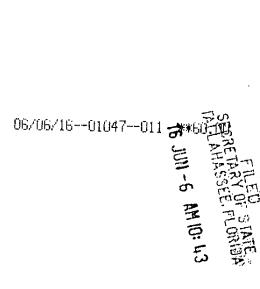
3
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Q. .

Office Use Only



900286440049



JUN 0 8 2016 S. YOUNG

## **COVER LETTER**

٠.,

P.O. Box 6327 Tallahassee, FL 32314

	legistration Se Pivision of Cor						
SUBJECT	Gulf Coast						
SUBJECT	l <b>i</b>	Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
		ondence concerning this matter	<u>-</u>				
		John McKeague					
			Name of Person				
				is Table			
			Firm/Company	16 JUN-6			
			Tam company	- SS			
		14922 Crown Drive					
			Address				
		Largo, Fl 33774		JUN-6 AM 10: 43			
		<del> </del>	City/State and Zip Code				
		John@gcpservices.com					
		E-mail address: (	to be used for future annual report noti	fication)			
For further	r information c	concerning this matter, please c	all:				
John McK	League		813 614-5013				
	Name o	of Person	Area Code Daytim	e Telephone Number			
Enclosed i	s 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, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Regist	ING ADDRESS:	STREET/COURI Registration Section	n			
	Divisio	on of Corporations	Division of Corpor	auons			

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lightning Card Processing, LLC					
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 4/18/2014	and assigned			
Florida document number L13000095222					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:	TAL SE			
The new name must be distinguishable and contain the words "Limited Liabi	vices, LLC	SE SE			
The new name must be distinguishable and contain the words 'Limited Liabi	lity Company," the designation "LLC" or the abb	orevistion T.L.C.			
Enter new principal offices address, if applicable:	500 E Kennedy Blvd	more and the			
(Principal office address MUST BE A STREET ADDRESS)	Suite 300	<b>H</b>			
	Tampa, FL 33602				
Enter new mailing address, if applicable:	500 E Kennedy Blvd				
(Mailing address MAY BE A POST OFFICE BOX)	Suite 300				
1774	Tampa, FL 33602				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the new			
	_				
Name of New Registered Agent:		<del></del>			
New Registered Office Address:					
TINTHE STEERING AND A COMMAND AND	Enter Florida street address				
	, Florida				
	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 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 = Manager AMBR = Authorized Member **Address Type of Action Title** <u>Name</u> \_□ Add □ Remove ☐ Change □ <del>≪</del>Ndd □ Remov ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add \_□ Remove ☐ Change

	•							
								_
-						<u> </u>		_
		····		<del> </del>				
								_
			······································					_
		<del></del>						
<del></del>	, , <del></del>						16	- P.
	<u> </u>		····	<del></del>				
					·		_	<del>را</del> 25
								E. F. CO. 143
<del></del> -								ည်
								<del></del>
								_
								_
Note: If the	date, if other than to the date is listed, the date in this he date in this 's effective date on the	block does n	ot meet the app	licable statutor	g or more than y filing requii	(optiona 90 days after fili ements, this da	il) ng.) Pursuant to 6 ate will not be li	605.0207 isted as
	d specifies a delay Oth day after the r			not an effect	tive time, a	at 12:01 a.n	n. on the ear	lier of
Dated Ma	y 29	$\sim$	2016	·				
		Signature o	M MCA	thorizer represe	ntative of a me	mber		

Page 3 of 3

Filing Fee: \$25.00