

# L130000096039

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

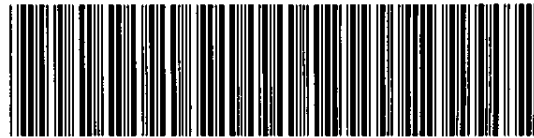
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JAN 16 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 20 2015

T. HAMPTON

ACCOUNT NO. : I20000000195

REFERENCE : 463105 4300426

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 254.00

ORDER DATE : January 15, 2015

ORDER TIME : 10:18 AM

ORDER NO. : 463105-005

CUSTOMER NO: 4300426

DOMESTIC AMENDMENT FILING

NAME: DIRECT CONNECT MERCHANT  
SERVICES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DIRECT CONNECT MERCHANT SERVICES, 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 JULY 5, 2013 and assigned  
Florida document number L13000096039.

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)

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**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:

New Registered Office Address:

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MATT CLYNE	3901 CENTERVIEW DR., SUITE W	<input type="checkbox"/> Add
		CHANTILLY, VA	<input checked="" type="checkbox"/> Remove
		20151	
AMBR	CARLOS E. GAVIDIA RECOVERABLE TRUST	212 SPYGLASS LANE	<input type="checkbox"/> Add
		JUPITER, FL	<input checked="" type="checkbox"/> Remove
		33477	
AMBR	DIRECT CONNECT ACQUISITION, INC.	489 5TH AVENUE, 19TH FLOOR	<input checked="" type="checkbox"/> Add
		NEW YORK, NY	<input type="checkbox"/> Remove
		10017	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Andrew M. Brown

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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