

43000 103747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

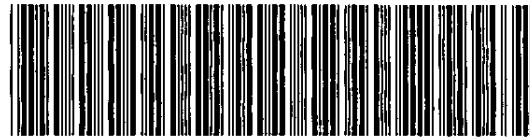
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/12/13--01035--004 **25.00

FILED
13 AUG 12 PM 2:44
RECEIVED BY STATE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

AUG 14 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Payment 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:

Meghan West
Name of Person
Land South
Firm/Company
P.O. Box 7595
Address
Lkld FL 33807
City/State and Zip Code
Meghan@landsouthgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meghan West at 863 607-9500
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)

Nail to:

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

Check payable to
Divisions of Corp.

FILED
18 AUG 12 PM 2:44
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

My Payment LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 AUG 12 PM 3:44
CLERK OF THE
COURT
JUDICIAL CIRCUIT IN
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on

7/23/13

and assigned

Florida document number

43000103747

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:

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 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

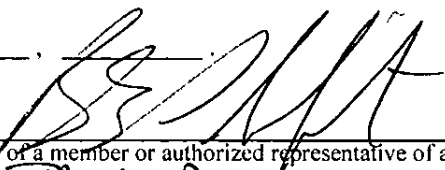
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Brian Philpot	P.O. Box 7595 Lkld FL 33807	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Robert F. Harper IV	P.O. Box 7595 Lkld FL 33807	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Land South Holdings LLC	P.O. Box 7595 Lkld FL 33807	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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18 AUG 12 PM 2:41
CLERK OF COURT
JULIA W. SHERIDAN, CLERK

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

Dated

8/7/13



Signature of a member or authorized representative of a member

Brian G. Phelpot

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
18 AUG 12 PM 2:44
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION