<u> 13000110309</u>

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COVER LETTER

TO: Registration So Division of Cor			
* FINANCIA	AL ALLIANCE PROCESSING	SERVICES LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The analoged Articles of	Amendment and fee(s) are sub-	mitted for filing	
	ondence concerning this matter	•	
Troub retain an verrespo	onation to account many	to the tone wing.	
	ARNOLD KASTON		
		Name of Person	
	FINANCIAL ALLIANCE	PROCESSING SERVICES LLC	
Firm/Company		·	
	10130 NORTHLAKE BLVD # 214/307		
	WHOTE BALLACE AND DE	Address	
WEST PALM BEACH, FL 33412			
	AKASTON@FAPROCESS	City/State and Zip Code SING.COM	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please co	all:	
ARNOLD KASTON		561 337-0119 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	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, 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

FINANCIAL ALLIANCE PROCESSING SERVICES LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ity Company)		
The Articles of Organization for this Limited Liability Company were Florida document number L 13000110309	e filed on <u>JAN 19, 2015</u>	and assigned	
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 contain the words "Limited Liability Co	ompany," the designation "LLC" or the a	bbreviation "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	nev
registered agent and/or the new registered office address here:		ISION (
Name of New Registered Agent:		FARY ASSET	#: E
New Registered Office Address:			<u></u>
	Enter Florida street address	STATE STATE	— i
	Florida	Pri 36 5 5	:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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		CORIDA	RY OF STATE CORFORATIONS B AMEL: 084
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			_□ Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessar	v.)		
				
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<u></u>				•
E. Effective	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pureus	on to 60°	5 0207 (3)(6)
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.	will not	be list	ed as the
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	on the	earli	er of:
Dated _	3/2005			U
		SEC	15 J	SECH
	Signature of a member or authorized representative of a member	FETARI HASSE	8- NO	RETAR!
	ARNOLD KASTON Typed or printed name of signee	H G	<u> </u>	Y OF S
		ADA ADA	ի ։ 08	STATE
	Page 3 of 3			₹

Page 3 of 3

Filing Fee: \$25.00