L13000120611

(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:

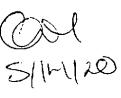




200343844362

04/29/20--01018--027 **25.00





LAW OFFICES

ALLEY, MAASS, ROGERS & LINDSAY, P.A.

340 ROYAL POINCIANA WAY, SUITE 321

POST OFFICE BOX 431

Palm Beach, Flortda 33480-0431

(561) 659-1770

FACSIMILE (561) 833-2261

WWW.AMRL COM

DOYLE ROGERS (1988-2016)
KAREN S. MARX (1964-1994)

1331 SE OCEAN BOULEVARD

RAYMOND C. ALLEY (1893-1975)

HAROLD G. MAASS (1923-2006)

1331 SE OCEAN BOULEVARD STUART, FLORIDA 34996 P 1772) 287-4404 F (772) 287-4044



April 28, 2020

SENT VIA FEDEX

ALAN LINDSAY

DAVID H. BAKER

ROBB R. MAASS

STUART J. HAFT

CAROL S. WAXLER
CATHERINE KENT
BRUCE A MCALLISTER
DAVID R. MAASS
CHRISTINE BIALCZAK
WARREN D. HAYES, JR.
NICOLE K. MAASS
LAURA B. KNOLL

LOUIS L. HAMBY III

M. TIMOTHY HANLON

WARREN D. HAYES, SR.

WILLIAM W. ATTERBURY III

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

Re:

Wilton Payments LLC

Belgravia Investments LLC

Dear Sir or Madam:

Enclosed please find the following for filing:

- 1. Articles of Amendment for Wilton Payments LLC and a check for \$25.00 for the filing fee; and
- 2. Articles of Amendment for Belgravia Investments LLC and a check for \$25.00 for the filing fee.

Please contact me if you have any questions.

Sincerely,

Courtney Lyne

Florida Registered Paralegal

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
ALIN IEZYE	Wilton Pay			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		M. Timothy Hanlon		
			Name of Person	
		Alley, Maass, Rogers & L	indsay, P.A.	
			Firm/Company	
		340 Royal Poinciana Way	. Suite 321	
			Address	
		Palm Beach, FL 33480		
			City/State and Zip Code	
		clyne@amrl.com	to be used for future annual report no	tification)
For further in	nformation e	oncerning this matter, please c		
Courtney Ly	rne		561 804-4606	
	Name o	f Person	at ()	ne Telephone Number
Enclosed is a	i check for tl	ne following amount:		
■ \$25.00 F	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)
Reg	iling Addres gistration S	Section	<u>Street Address:</u> Registration So	
	vision of C). Box 632	orporations 7	Division of Co The Centre of	•
	llahassee. I			pe Street, Suite 810

Tallahassee, FL 32303

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

Wilton Payments LLC		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	_	
· 	assigno	ed .
Florida document number L13000120611		
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 Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2020 APF	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	<u>-1900</u>	- کیکی از چ
Enter new principal offices address, if applicable:	<u> </u>	(2)
(Principal office address MUST BE A STREET ADDRESS)	Ģ	<u>> 01</u>
	<u>ω</u>	7
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, <u>enter the name of the ragent and/or the new registered office address here;</u>	iew reg	gisterec
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
Florida	le.	
New Registered Agent's Signature, if changing Registered Agent:	•	
The state of the s		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
P.T.S	Christopher O'Neill	c/o AMRL, 340 Royal Poinciana Way, Suite 321	□Add
		Palm Beach, FL 33480	≣Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DbbA
			□Remove
			(☐Change
			□Add
			□Remove
			Change.

								_ _ _ _
								_ _ _
								_ _ _
								-
								_
								_
								_
								_
								_
				•				
	·	 						_
			·					_
								_
	.						·	_
If an effective d Note: If the	late is listed, the d date inserted in	an the date of f ate must be specifi this block does r the Department	e and cannot be not meet the ap	prior to date of to oplicable statu	ory filing requ	irements, this d	al) ling.) Pursuant to (late will not be l	05,0207 isted as
e record speci rd is filed.	fies a delayed o	rffective date, bu	t not an effecti	ve time, at 12	01 a.m. on the	earlier of: (b)	The 90th day a	iter the
Dated April	28	A to	2020 A.V	1 / 1 /20	مەنىڭلا			
_	<u>'V . -0</u> 2	Signature	of a member or	authorized repri	sentative of a m	ember		
M	Timothy Han	■ F lon, Authorized I						