

h13 000 175696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

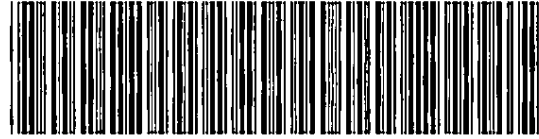
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
FEB 28 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tic Educa Usa 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:

Alexandre Rudge Castilho
Name of Person

Tic Educa Usa LLC
Firm/Company

848 BRICKELL AVE #950
Address

MIAMI, FL 33131
City/State and Zip Code

sonia@gstolley.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandre R. Castilho at (561) 637 3152
Name of Person Area Code Daytime Telephone Number

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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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Tic Educa Usa 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 _____ and assigned Florida document number L13000125696.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TIC PAYMENTS LLC

The new name must be distinguishable and contain 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)

848 BRICKELL AVE #950
MIAMI, FL
33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

848 BRICKELL AVE #950
MIAMI, FL
33131

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:

Alexandre Rudge Castiglioni

New Registered Office Address:

848 BRICKELL AVE #950
Enter Florida street address

MIAMI

City

Florida

2022 FEB 10 11:15 AM
SECRETARY OF STATE
TALLAHASSEE, FL
PH 334310

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICARDO Gharib	535 E SAMPLE RD	<input type="checkbox"/> Add
		POMPANO BEACH, FL	<input checked="" type="checkbox"/> Remove
		33064	<input type="checkbox"/> Change
Secretary	Alexandre Castilho	848 Brickell Ave # 950	<input type="checkbox"/> Add
		MIAMI, FL	<input type="checkbox"/> Remove
		33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 14, 2022

Cyllas Salerno
Signature of a member or authorized representative of a member

Cyllas Salerno Elia Junior
Typed or printed name of signee