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TO: Registration Section Division of Corporations		
SUBJECT: 1ST PAYMENT S	SOLUTIONS LL	C
Name of Lir	nited Liability Company	
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
<u>Lefty</u> C	Pardenas Name of Person	
LST. PAY	MENT SOLUTION Firm/Company	S LLC
130 Town	Center Blvd - A	45204
<u>CLErina</u>	City/State and Zip Code	114
	· ·	
E-mail address:	ST PAYMENTS QUIT OF (to be used for future annual report not	ification)
For further information concerning this matter, please	call:	
Letty Cardenas	at (352) 631 -	4956
Name of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Address:	Street Address:	
Registration Section	Registration Sc	
Division of Corporations P.O. Box 6327	Division of Co The Centre of	
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Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>U3000168989</u> .	were filed on $\frac{12/06/2013}{}$ and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	<u>ity company here</u> :
The new name must be distinguishable and contain the words "Limited Liabilit	y Company." the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	27 1
Enter new mailing address, if applicable:	-0
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here: Name of New Registered Agent:	idress on our records, <u>enter the name of the new re</u> g

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Ciiv

Enter Florida street address

_. Florida __

<u>or removed f</u>	rom our records:		
MGR = Ma $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	Leticia Charvet Card	enas 130 Tuun center Blvd \$	Zdb □Add
		Clemon, FL 34714	□Remove
			l\Change
AMBR	Jose Andres Cardenas	130 Dun Genter Blud #3	
		Clement, FL 34714	□Remove
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<u>Note:</u> li	the date inserted it	nan the date of fil date must be specific in this block does no in the Department o	ot meet the applica	to date of filing or mable statutory filin	ore than 90 days after g requirements, this	onal) filing.) Pursuant to 605 date will not be list
record s d is filed		effective date, but	not an effective ti	me. at 12:01 a.m.	on the earlier of: (b) The 90th day afte
	MARCH.	+ 19	2020	<u>) </u>		
Dated		///				
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