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28/9/22, 10:47

Division of Corporations

Florida Department 61 State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page: Doing so will generate another cover sheet.

To:

Division of Corporations

From: +17867052040 (TU CONTADOR EN MIAMI)

Fax Number : (850)617-6383

From:

Account Name : PETER MATHISON LLC

Account Number : 120210000152 : (305)520-9343

Fax Number : (786)705-2040

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Zmail	Address		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MICROPAY LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

C. BRUMBLEY

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SEP 2.9 2022 Effectionic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

Division of Cor			
SUBJECT:		ROPAY LLC	
300000011	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FF	ERNANDO VILLARREAL	
		Name of Person	
	F	PETER MATHISON LLC	
		Firm/Company	
	800	SE 4TH AVENUE, SUITE 139)
		Address	
	HALI	ANDALE BEACH, FL 33009	
		City/State and Zip Code	
		TUCONTADORENMIAMI.C	
		to be used for future annual report.	notification)
For further information of	concerning this matter, please c	all:	
FERNANDO	VILLARREAL	305 at ()	520-9343
Name (of Person	Area Code Day	ytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address Registration	
Division of C	Corporations	Division of O	Corporations
P.O. Box 63: Tallahassee,			of Tallahassee nroe Street, Suite 810
i ananassee.	1 JiJ 17	Tallahassee,	

To: +18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICROPA	Y LLC			
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	12/16/2013	and assig	gned
Florida document numberL13000173347				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de-	ignation "LLC" or the a	bbreviation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
(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	20 2			
			2 SE	44.
Enter new mailing address, if applicable:			- TO	
(Mailing address MAY BE A POST OFFICE BOX)			<u>%</u> =₹ ∞	
			A A	2022 SEP 28 AH 1: 30 New registered
		• ~	걸 푼	\cup
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, <u>enter the nar</u>	ne of the new	register P
Name of New Registered Agent:			<u></u>	
New Registered Office Address:				
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) of Organization for this Limited Liability Company were filed on 12/16/2013 and assigned ament number 13000173347 ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: ffice address MUST BE A STREET ADDRESS) mailing address, if applicable: dress MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the grew registered of the new registered office address here:			
	Circ	, Florida _	Tim Cada	
	Cify		z.ıp 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 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 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

Sep 28, 2022 10:52 (UTC-03)

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BELEN GASTON F	1065 SW 8TH ST	
		SUITE 618	≡ Remove
		MIAMI, FL 33130	Change
			□Add
			Remove
			□Change
		200000	□Add
			(_)Remove
			Change
			Remove
			
			OAdd
			□Remove
			□Add
			□Remove
			Change

Sep 28, 2022 10:52 (UTC-03)

Effective date, if other than the date of filing: [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 Nulte: If the date inserted in this block, does not neet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 roll is filed. Dated 27TH DAY OF SEPTEMBER 2022 IVAN J LEON! Signature of a member or authorized representative of a member.	ii amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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