L14000123379

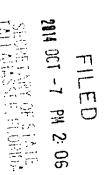
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Diebold Processing Services 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:

Tonya Diebold

Name of Person

Diebold Processing Services LLC

Firm/Company

9707 Tranquility Lake Circle Apt 101

Address

Riverview, FL 33578

City/State and Zip Code

tdiebold22@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tonya Diebold

at (010

480-4443

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

□ \$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 OCT -7 PM 2: 06

SECRETARY OF STATE TALL 4HASSEE, FLORIDA

Zip Code

(Name of the Limited		y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liab Florida document number L14000123379			and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liabil	ity company here:	
Diebold Processing Services LLC			
The new name must be distinguishable and end with the wo	rds "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	Not applicable	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:		Not applicable	
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office			the name of the new
Name of New Registered Agent:	Not applicab	le	
New Registered Office Address:		Enter Florida street address	
		Elovido	

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

Diehold Processing Solutions LLC

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

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Debo	$\overline{\omega}$	•	
Signature of a mo	ember or authoriz	ed representative of	a member
	Florida Department , Signature of a m	Florida Department of State) , 2014 Signature of a member or authorize	Signature of a member or authorized representative of

Page 3 of 3

Filing Fee: \$25.00

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