

L15000049408

(Requestor's Name)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

DEC 16 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

BILLPAY USA, LLC

SUBJECT: _____
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:

ALEX WILLIAMS

Name of Person

BILLPAY USA, LLC

Firm/Company

970 Lake Carillon Dr STE 300

Address

ST PETERSBURG FL 33716

City/State and Zip Code

billpayusafl@gmail.com

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

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For further information concerning this matter, please call:

Alex Williams

727 2025391

at (_____) _____

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

BILLPAY USA, LLC

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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>
MGMR	BILLPAY EXPRESS, LLC	4801 LANG AVE. NE. STE. 110	<input checked="" type="checkbox"/> Add
		ALBUQUERQUE, NM - 87109	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	RANKIN FINANCIAL, INC	201 SOUTH BISCAYNE BLVD	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" 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
			<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.)*

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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 DECEMBER 11TH 2015

Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

ALEX WILLIAMS, SEC

Typed or printed name of signee