L1500049408

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



300279987793

12/15/15--01001--013 **25.00

15 DEC 15 PH 2: 21
SECRETARY OF STATE
FALLAHASSEF FIRME

DEC 1 6 2015 S. YOUNG

COVER LETTER

CUDIECT.		BILLPAY USA, LLC			
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		ALEX WILLIAMS			
		Name of Person			
		BILLPAY USA, LLC			
		Firm/Company			
	97	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)			
Address			78 3		
		ST PETERSBURG FL 33716		HEC TORET TORET	77
		-		, a	ILED
	Famail address:	•	ication)	NY OF STA	0
For further information	concerning this matter, please concerning this matter,	•	leation	2 2 LURID	
Alex Williams		727 2025391		11-	
Name	of Person	at () 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)	Certified	e of Status &	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

BILL	PAY USA, LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recordited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp.	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited"	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
	·	AFC SEC
		超易五
nter new mailing address, if applicable:		15S 5 L
Mailing address MAY BE A POST OFFICE BOX)		
-		1.2. 1.0.
		21 (TE
3. If amending the registered agent and/or registere		s, enter the name of the n
egistered agent and/or the new registered office address	<u>shere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
TOTAL TANGENTIAL OF THE PARTIES.	Enter Florida street addre	22
	F	orida
	City	Zip 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	BILLPAY EXPRESS, LLC	4801 LANG AVE. NE. STE. 110	Add
		ALBUQUERQUE, NM - 87109	
			Remove
			□ Change
MGMR	RANKIN FINANCIAL, INC	201 SOUTH BISCAYNE BLVD	Add
		MIAMI, FL 33131	Remove
			☐ Change
			SECONOLIA Add FI
			Rempye
		7 Shange 21	
			□ Add
			□ Remove
			☐ Change
·····			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change

, ,							_
							
							
					,		_
							-
							-
					.		
			· · · · · ·				_
							
							_
							
						<u></u>	_
						ري ص	
					25 E	EC 1	
					13.5 13.5 13.5 13.5 13.5 13.5 13.5 13.5	5 72	
					一点の	?	
-					9,5	21	_
Effective date, if other than the dat if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot does not meet th	e applicable stat	f filing or more tha utory filing requ	option 190 days after fil rements, this d	ing.) Pursu	ant to 60 ot be lis	05.0207 sted as
ne record specifies a delayed ef The 90th day after the record	fective date, is filed.	but not an ef	fective time,	at 12:01 a.r	n. on th	e earl	lier of
DECEMBER 11TH Dated	201	5					
	//. · /	Mulle.	1./				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00