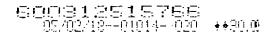
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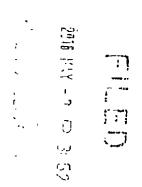
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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	COVER LETTER	
TO: Regis <b>t</b> rati Division o	tion Section of Corporations	
Florid	da District Holdings LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articl	cles of Amendment and fee(s) are submitted for filing.	
Please return all cor	orrespondence concerning this matter to the following:	
	Stuart Thorn	
	Name of Person	
	Firm/Company	
	129 NW 13th St D - 21	1 0.00 (2.0) 
	Address	سوس. ۲۹ ۱ ::
	Boca Raton FL 33432	
	City/State and Zip Code	
	sthorn@sthorn.com	U Ç
For further informa	E-mail address: (to be used for future annual report notification) ation concerning this matter, please call:	(A)
Stuart Thorn	561 2673404 at ()	
N	Name of Person Area Code Daytime Telephone Number	
Enclosed is a check	k for the following amount:	
□ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

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

Florida District Holdings LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 4/20/2015 and assigned
Florida document number L15000073817	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
Electrone Banking Systems Company LLC	
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	े ह्यू
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	C-1 1
	7
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B. If amending the registered agent and/or registered office add	lress on our records, enter the name of the
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Davida
City	, Florida 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, 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>	Address	Type of Action		
			Remove		
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			Change		
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lf an cfi <u>Note:</u>	rive date, if other than the date of filing:	605.0207 listed as t
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the early 90th day after the record is filed.	arlier of:
Dated	30 DPN 2018	
	Signature of a member or authorized representative of a member	_

Page 3 of 3

Filing Fee: \$25.00