

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.

(((H15000240682 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: KATZ BASKIES LLC

Account Number : I20080000071

: (561)910-5700

Fax Number

: (561)910-5701

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAY, LLC

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COVER LETTER

H15000240682 3

TO: Registratio Division of	n Section Corporations				
SUBJECT: Pay, Ll	LC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Article	s of Amendment and fec(s) are sul	omitted for filing,			
	espondence concerning this matter	_			
	Thomas O. Katz				
		Name of Person			
	Katz Baskies LLC				
		Firm/Company		201 SE	
	2255 Glades Road Suite 2	40W	:	2015 OCT SECRETA	"77
		Address		S ≥	
	Boca Raton, FL 33431			10 Y OF	i III
	thomas,katz@katzbaskies.c	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	25 A	O
	E-mail address:	(to be used for future annual	report notification)	- PA	
For further information	on concerning this matter, please c	call:			
Thomas O. Katz		561 91	0-5700		
Nar	me of Person	Area Code	Daytime Telephone I	Number	•
England is a shock f	or the following amount:		,		
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\$25.00 Filing Fee	c ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end	closed) Co	0.00 Filing Fee, ertificate of Status ertified Copy dditional copy is enclo	
M	ALING ADDRESS:	STD FF	T/COURIER ADDRI	FSS.	
Reg	gistration Section	Registrat	tion Section		
	vision of Corporations D. Box 6327	Division Clifton E	of Corporations Building		
	lahassee, FL 32314	2661 Exc	ecutive Center Circle		

Tallahassee, FL 32301

H15000240682 3

P. 003 .

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H15000240682 3

Pay, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L15000108762	pany were filed on June 23, 2015 a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	· · · · · · · · · · · · · · · · · · ·	ion "L.L.C."
Enter new principal offices address, if applicable:	2015 SEC ALLU	
(Principal office address MUST BE A STREET ADDRES.	w	Π
	15.50 -	
	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	m
Enter new mailing address, if applicable:	F.S.	
(Mailing address MAY BE A POST OFFICE BOX)	PATE DRIDE	····
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		ame of the no
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Code
New Registered Agent's Signature, if changing Registered Ag	/	Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	l agree to act in this capacity. I further agree to plete performance of my duties, and I am familio t as provided for in Chapter 605, F.S. Or, if this	r with and document is
īr	Changing Registered Agent, <u>Signature of New Registere</u>	d 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 H15000240682 3

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Beta Investments Inc.	7809 Galleon Court	Add
		Parkland, FL 33067	Remove
			Change
MGR B	Beta Investment Group, Inc.	6360 NW 5th Way, Suite302	Add
		Ft. Laudordale, FL 33309	□ Remove
			☐ Change
			Add
			□ Remove
			Change Change OCT P Add
			AHASSEE, FLORIO
			STATE Change
<u> </u>			□ Add
			□ Remove
			□ Change
			Add
		p. 40-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	□ Remove
			□ Change

7/07/2015/WED 01:23 PM D. If amending any other in		FAX No. 561-910-570! : (Attach additional sheets, if necessar	P. 005 P. 005 H15000240682
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Note: If the date inserted in	date must be specific and cannot be prior t	(optional to date of filing or more than 90 days after filing able statutory filing requirements, this date	g.) Pursuant to 605.0207
f the record specifies a d b) The 90th day after ti	elayed effective date, but not ne record is filed.	t an effective time, at 12:01 a.m.	. on the earller of
Dated October 6	, 2015		
	Ellat	rized representative of a member	
	Signature of a member of author	ilized representative of a member	

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Filing Fee: \$25.00