

L15000135158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

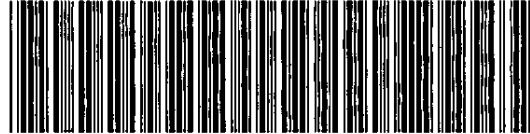
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC -8 AM 10:28

FILED

12/08/15



November 25, 2015

CERTIFIED MAIL#
7015 0640 0006 6936 2719

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Incorporation

Dear Sir or Madam:

Enclosed please find an Articles of Amendment to Articles of Incorporation for **Payless Response Team, LLC**. Also enclosed is check# 1075 in the amount of \$25.00 for the processing fee. Please stamp and return a copy in the enclosed self-addressed envelope.

Thanking you in advance for your cooperation.

Sincerely,

Jack Levine, CPA
JACK LEVINE, PA, CPA'S
CERTIFIED PUBLIC ACCOUNTANTS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Payless Response Team, 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:

Jack Levine, CPA

Name of Person

Jack Levine, PA

Firm/Company

3050 Biscayne Blvd Suite#302

Address

Miami, Florida 33137

City/State and Zip Code

JL@jacklevinecpa.com

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

For further information concerning this matter, please call:

Jack Levine, CPA

Name of Person

at (305) 912-0085

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
2015 DEC -8 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Payless Response Team, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 07, 2015 and assigned
Florida document number L15000135158.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

370 US Highway 27

South Bay, Florida 33493

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

370 US Highway 27

South Bay, Florida 33493

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jack Levine, PA

New Registered Office Address:

3050 Biscayne Blvd #302

Enter Florida street address

Miami

City

, Florida 33137

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.

Jack Levine
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
AMBR = Authorized Member

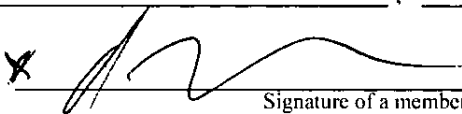
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MEMB	ERICK AGUILAR	102 NE 2 STREET	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
MGR	JEFFREY M. SCHWARTZ	6720 NW 29 WAY	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: August 7, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 19, 2015

x 

Signature of a member or authorized representative of a member

Abraham Newman

Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA