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| (Re | equestor's Name) | |
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COVER LETTER

TO: Registration Section

| Div | ision of Cor | porations | | | |
|----------------|-------------------------------|---|--|------------------------|------|
| CUBIECE | Pay Risk, L | LC | | | |
| SUBJECT: | | Name of Limite | d Liability Company | | |
| | | Amendment and fee(s) are subm | - | | |
| Please return | all correspo | ndence concerning this matter to | the following: | | |
| | | Justin Eisele, Esq. | | | |
| | | | Name of Person | | |
| | | Gagnon Eisele Dillingham, I | P.A. | | |
| | | | Firm/Company | | |
| | | 1881 Lee Road | | | |
| | | | Address | | |
| | | Winter Park, FL 32789 | | | |
| | | ia@gagnonaisala.gom | City/State and Zip Code | | |
| | | je@gagnoneisele.com E-mail address: (to | be used for future annual report no | tification) | |
| For further in | nformation co | oncerning this matter, please call | : | | |
| Justin Eisele | | | 561 985-6405 at () | | |
| | Name of | f Person | Area Code Daytii | me Telephone Number | |
| Enclosed is a | check for th | ne following amount: | | 2016 JAN SECNETA | **** |
| ■ \$25.00 F | iling Fee | \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | | 7 |
| | Registr Divisio P.O. Bo | ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314 | STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3 | Orations Center Circle | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pay Risk, LLC | | | | | | | |
|---|--|--|--------------------|---|----------|--|--|
| (Name of the Limit | ted Liability Compa (A Florida Limited) | ny as it now appears on ou Liability Company) | r records.) | | | | |
| The Articles of Organization for this Limited L. Florida document number 81-0752983 | iability Company | were filed on $\frac{12/07/201}{326}$ | 5 | and ass | igned | | |
| his amendment is submitted to amend the foll | owing: | | | | | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | | | | | |
| | | | | | | | |
| he new name must be distinguishable and contain the v | vords "Limited Liabi | lity Company," the designation | on "LLC" or th | e abbreviation "L. | L.C." | | |
| Enter new principal offices address, if applic | able: | 1799 Waterbeach CT | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Apopka, FL 32703 | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | P.O Box 60 9114 Orlando, FL 32860 | | | | | |
| 3. If amending the registered agent and registered agent and/or the new registered or Name of New Registered Agent: New Registered Office Address: | ffice address her | e: ELE DILLINGHAM, PA | records, <u>en</u> | ter the name 2016 JAN -6 SECULIATION -6 | of the n | | |
| . 14 Tagasala Onio Hadios. | W. C. D. J. | Enter Florida stree | et address | T T | 3 | | |
| | Winter Park | City | , Florida | | | | |
| | | Cny | | 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.

f 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> | <u>Address</u> | Type of Action |
|--------------|---------------|-------------------|-----------------|
| MGR | Carlos Tadros | PO Box 60 9114 | □ Add |
| | | Orlando FL. 32860 | □ Remove |
| | | -tri- | ■ Change |
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| ffective date, if other than the an effective date is listed, the date must | be specific and cannot be prior | to date of filing or more tha | (optional) an 90 days after filing.) Pursuant | t to 605.02 |
| iote: If the date inserted in this blo ocument's effective date on the De | ck does not meet the applic | able statutory filing requ | irements, this date will not | be listed |
| oversion is officially during the pro- | parament of Batte 3 records | • | | |
| e record specifies a delayed | effective date, but no | ot an effective time | at 12:01 a.m. on the | earlier |
| The 90th day after the reco | ord is filed. | | | |
| p. 1 201 | 2012 | | | |
| Pated December 28th | , 2015 | · | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00