

L16000003955

(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:

Signed

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2016 NOV - 3 P 4:41
SECRETARY OF STATE
ALABAMA FLORIDA

FILED

S Warren

NOV 04 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2016

SEAN MORRISON
3436 MAGAZINE ST #138
NEW ORLEANS, LA 70115

SUBJECT: PAY SELL PROPERTIES LLC
Ref. Number: L16000003955

We have received your document for PAY SELL PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 016A00023607

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pay Sell Properties 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:

Sean Morrison

Name of Person

The Sean Morrison Law Offices LLC

Firm/Company

3436 Magazine St., #138

Address

New Orleans, LA 70115

City/State and Zip Code

sean@seanllc.com

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

For further information concerning this matter, please call:

Sean Morrison

Name of Person

at (504) 308-0108

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**

Pay Sell Properties 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 January 6, 2016 and assigned
Florida document number L16000003955

This amendment is submitted to amend the following:

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

WorkBase LLC

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

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, 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>	<u>Type of Action</u>
AMBR	Kethina Nicole Dixon	4531 Florelle Way, Pensacola, FL 32505	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change


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SECRETARY OF STATE
CLERMONT, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

 for Jibril Sulaiman
Signature of a member or authorized representative of a member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

POWER OF ATTORNEY

This Power of Attorney is granted by Pay Cell Systems, Inc., a Florida Corporation with registered office at 418 W Garden St., Pensacola, Florida 32505 ("Company"). The President of the Company appoints Sean Morrison of the Sean Morrison Law Offices LLC ("Agent") as the Company's limited attorney-in-fact with the following conditions:

The Agent may act and sign (including electronic signatures) for the Company regarding:

1. State corporate filings;
2. Taxes;
3. Business licenses; and
4. Checks, drafts, and negotiable instruments that may be issued in connection with the Company and to deposit funds into the client trust account.

Durability. This power of attorney expires when revoked by the Company in writing.

Reliance by Third Parties. Third parties may rely on the representations of the Agent as to all matters outlined above. No person who acts in reliance on the representations of the Agent or the authority granted under this power of attorney will be liable to the Company for permitting the Agent to exercise any power prior to actual knowledge that the power of attorney has been revoked or terminated by operation of law or otherwise.

Indemnification of Agent. The Agent is not liable to the Company for acting or refraining from acting under this power, except for the Agent's own misconduct or negligence, or willful misconduct. The Company agrees to indemnify and hold harmless the Agent for any court costs, civil judgments, or reasonable attorney fees incurred as a result of exercising these powers.

Original Counterparts. Photocopies of this signed power of attorney are treated as original counterparts.

Company:

Carl Jibril Sulaiman Jr. (CJS)

Jibril Sulaiman

President

Pay Cell Systems, Inc.

Date

Sajuan Meclain (JM)

Witness

Date

Troy Kyles (TK)

Witness

Date



POA.pdf

DocVerify ID: 036F4371-9A7E-423A-9EC3-BE8EFA3E66F3
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E-Signature Summary

E-Signature 1: Carl Jibril Sulaiman II (CJS)

Nov 19, 2015 08:48:31 PST [0EDAB31C875C] [70.209.20.168]
jsulaiman@paycellsystems.com

E-Signature 2: Jajuan McClain (JM)

Nov 19, 2015 08:53:47 PST [58ABDFA1AECC] [98.242.108.227]
jajuan@paycellsystems.com

E-Signature 3: Troy Kyles (TK)

Nov 19, 2015 08:58:49 PST [70D397CFCC76] [70.191.226.210]
troy@paycellsystems.com

