## 216000015657

(Re	equestor's Name)	
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	ldress)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

	sion of Cor			
SUBJECT:	Paytoo Cap			
SUMPLE I.	<del> </del>		nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Franchesca Caminero		
		_	Name of Person	
		Paytoo Corp.		
			Firm/Company	
		1 E. Broward Blvd., Suite	620	
			Address	
		Fort Lauderdale, FL 3330	I	
			City/State and Zip Code	
			to be used for future annual report notifi	ication)
For further in	formation co	oncerning this matter, please c	all:	
Franchesca C	aminero		954 368-9262 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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



PAYTOO CAPITAL LLC

company has been notified in writing of this change.

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

(A Florida Limited Li	ability Company)	Ų.
The Articles of Organization for this Limited Liability Company v Florida document number <u>L16000015657</u>	vere filed on JANUARY 22, 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flor	rida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pu- being filed to merely reflect a change in the registered office of	performance of my duties, and rovided for in Chapter 605, F	d I am familiar with and T.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VICTOR LAMASH	I E. BROWARD BLVD., SUITE 6	
		FT. LAUDERDALE, FL 33301	■ Remove
			Change
AMBR	EPIC GLOBAL TRUST	17500 N. BAY ROAD, APT 404	<b>■</b> Add
	-	SUNNY ISLE BEACH, FL 33160	□ Remove
			□ Change
		<del></del>	
			□ Remove
			Change
			AD Add
			Remove 3
			☐:Change
			□ Remove
			Change
			Remove
			Change

Ffective date, if other than the date of filing:  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.) Pursu ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nocument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	
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The 90th day after the record is filed.	uant to 605.0207 (3) not be listed as the
FEBRUARY 9 , 2016	he earlier of:
Signature of a member or authorized representative of a member	<del></del>

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Filing Fee: \$25.00