

216 0000 15657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

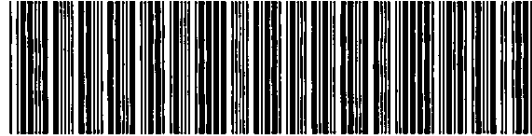
(Business Entity Name)

(Document Number)

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JUL 1 2016

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAYTOO CAPITAL 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:

FRANCHESCA CAMINERO

Name of Person

PAYTOO CORP.

Firm/Company

1 E. BROWARD BLVD., SUITE 620

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

FRANCHESCA@PAYTOO.COM

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

For further information concerning this matter, please call:

FRANCHESCA CAMINERO

at 954 368-9262

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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

PAYTOO CAPITAL LLC

Page 1 of 3

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	EPIC GLOBAL TRUST	17500 N. BAY ROAD, APT 404	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 JUN 30 PM 4:29
DEPARTMENT OF STATE
MAIL HASSEE, FLORIDA

E. Effective date, if other than the date of filing: 06/01/2016 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated JUNE 28, 2016

Signature of a member or authorized representative of a member

MICHEL POIGNANT

Typed or printed name of signee