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(R	lequestor's Name)	
A)	ddress)	
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(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(0	Occument Number)	
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FALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Se Division of Con			•
SUBJE		CAPITAL LLC		
эс Бус.	VI	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		FRANCHESCA CAMINE	RO	
			Name of Person	
		PAYTOO CORP.		
			Firm/Company	
		1 E. BROWARD BLVD.,	SUITE 620	
			Address	
		FORT LAUDERDALE, F	L 33301	
			City/State and Zip Code	
		FRANCHESCA@PAYTO		
		E-mail address: (to be used for future annual report notifi	ication)
For furth	er information o	concerning this matter, please ca	all:	
FRANCHESCA CAMINERO		NERO	954 368-9262 at ()	
	Name o	f Person		Telephone Number
r 1	14. L. 1.C. 2			
		he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAYTOO CAPITAL LLC	and the same are one one managed at	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.	
The Articles of Organization for this Limited Liability Company Florida document number L16000015657	were filed on 1/22/16 and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	dity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		
		JUN 30
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		E (
		* . ***
		ۿ
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enier ruoriaa sireei aaaress	
	T21	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	EPIC GLOBAL TRUST	17500 N. BAY ROAD, APT 404	
		SUNNY ISLES BEACH, FL 33160	■ Remove
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		·	Add
			□ Remove
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Effective date, if other the fan effective date is listed, the Note: If the date inserted is document's effective date of the factor of the fa	date must be specifi in this block does in the Department	iling: 06/01/201 c and cannot be prinot meet the appl of State's record	6 or to date of filing icable statutory is.	or more than 90 day filing requirement	(optional) s after filing.) Pursuan s, this date will not	at to 605.0207 (be listed as t
The 90th day after t	he record is fil	ed.	ot an enecti	ve time, at 12:	or a.m. on the	earlier or:
Dated		2016	<u> </u>			
	#					•
	Signatore	f a member or aut	horized represent	ative of a member		
	11					

Page 3 of 3

Filing Fee: \$25.00