L16000024822

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FEB 1 1 2016 J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
	ncial Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence 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	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Franchesca Caminero		954 368-9262	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)			
	Company were filed on FI	EBRUARY 4, 2016	aı	nd assig	gned
Florida document number L16000024822					
This amendment is submitted to amend the following:					
If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new					
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the	designation "LLC" or the	abbreviat	ion "L.L	.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)		Table 6.1		
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			rr!		धानकार कुरु केंग्री
Enter new mailing address, if applicable:			(A) 5	Ō	<u>.</u>
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B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>ente</u>	r the n	ame o	f the nev
Name of New Registered Agent:	****			. <u>.</u>	
New Registered Office Address:					
	Enter Flo	rida 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	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	■ Add
		SUNNY ISLE BEACH, FL 33160	Remove
			□ Change
			
·			☐ Remove
			Change
			□ Add
			Remove Change
			Remove
			Remove
			Change

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	date of filing:		(o	ptional)	
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Filing Fee: \$25.00