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(Requestor's Name)
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COVER LETTER

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	CESSING, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	KAILEY RAPPAPORT		
		Name of Person	
	PROCESSING. LLC T: Name of Limited Liability Company Name of Limited Liability Company Description of Corporations WP PROCESSING. LLC T: Name of Limited Liability Company Description of Company Name of Person Name of Person		
	11831 FOLKSTONE LAN	NE	
		Address	
	LOS ANGELES, CA 9007	77	
		City/State and Zip Code	
	-		
	h-mail address: (to be used for future annual report no	otification)
For further information	n concerning this matter, please c	all:	
KAILEY RAPPAPOI	RT		
Nam	e of Person	Area Code Dayti	me Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WP PROCESSING, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Co	ompany were filed on March 29, 2016	and assigned
orida document number 1.16000062275	_•	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
entury Processing, LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
I. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the	name of the new regis
the major say new registered white address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	aZip Code
	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 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>	Type of Action
			🗆 Add
			□Remove
			□Change
			□Remove
		_	
			□Add
			□Remove
			
			□ Add
			□Remove
			Change
			□Remove
			□Change
<u></u>			
			Remove
			□Change

If ame	nding any other informatio	n, enter change(s) here	r: (Attach additional shee	ts, if necessary.)	
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Note:	ive date, if other than the decrive date is listed, the date must half the date inserted in this blocent's effective date on the Dep	e specific and cannot be prior k does not meet the applic	to date of filing or more than 90 able statutory filing required	I days after filing.) Pursuant to (605,0207 (listed as tl
he record ord is fil	d specifies a delayed effective o ed.	ate, but not an effective ti	me, at 12:01 a.m. on the ear	flier of: (b) The 90th day a	ifter the
Dated _.	August 17	2021	<u> </u>		
		ghature of memby of author	orized representative of a memi	her	
	Kailey Rappaport	grandic of Janeines Columb	or a mem		
	Kancy Nappapott	Typed or print	ed name of signee		•