

L160000 79019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

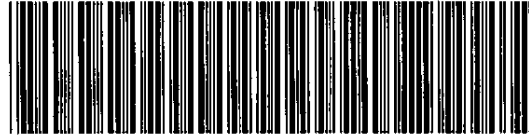
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600286989876

600286989876
06/27/16--01039--022 **25.00

FILED
16 JUN 27 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/28/16 JS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Seamless Transactions II, 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:

Kenneth R. Florio

Name of Person

Goodkind & Florio, P.A.

Firm/Company

8461 SW 144th Street

Address

Palmetto Bay, Florida 33158

City/State and Zip Code

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

For further information concerning this matter, please call:

Kenneth R. Florio

305 667-4811

at ()

Name of Person

Area Code

Daytime Telephone Number

FILED
16 JUN 27 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Seamless Transactions II, 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	Irving Padron, P.A.	420 S. Dixie Highway	☒ Add
		Suite 4B	☐ Remove
		Coral Gables, Florida 33146	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
JUN 27 10 12 AM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

10 JUN 21 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 JUN 27 PM 12 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee