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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Transpay Capital Li C 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:
Piweh RAMPURIA Name of Person
Transpay Capital LLC Firm/Company
1001 Brickell Bay Dr #2700
Miani, FL 33131 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Selines at (786) 338 - 9000 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ 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

Name of the Limited Liability Compa	any as it now annears on our records	
(A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>ししつの168327</u> .	were filed on <u>08 - 23 - 16</u> at	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:	1001 Brickell Bey D	<u>-</u>
(Principal office address MUST BE A STREET ADDRESS)	Duite 2700 Miami /FL 3313	<u> </u>
Enter new mailing address, if applicable:	1001 Brickell Box	Dr
(Mailing address MAY BE A POST OFFICE BOX)	Dite 2700 Miami, FL 3313	<u>, </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ame of the new
Name of New Registered Agent:		0CT -
New Registered Office Address:		Tip
TO TO THE PROPERTY OF THE PARTY	Enter Florida street address	co la
	City , Florida 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	MBR = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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amending any other information, enter change(s) here: (Attach additional sh	heets, if necessary.)
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ote: If the date inserted in this block does not meet the applicable statutory filing requ	irements, this date will not be listed
ste: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	9,3
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record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier
ited Soptember 30 . 2016.	
Signature of a member or authorized representative of a m	
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Signature of a member or authorized representative of a m	nember
Typed or printed name of signee	
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Filing Fee: \$25.00