

L16000194929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

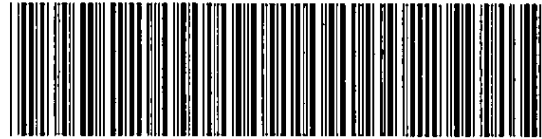
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

\$25

Office Use Only



100329929261

05/30/19--01001--008 \*\*52.50

2019 JUL -2 11:10:29

Amend

JUL 03 2019

I ALBRITTON

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Evolution Payment Systems 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:

Karl Diaz

Name of Person

Evolution Payment Systems LLC

Firm/Company

7740 SW 104 Street #103

Address

Pinecrest, FL 33156

City/State and Zip Code

norma@evolutionpayments.com

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

For further information concerning this matter, please call:

Norma Torres

Name of Person

at ( 305 )

Area Code

671-3178

Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2019

KARL DIAZ  
7740 SW 104 STREET #103  
PINECREST, FL 33156

SUBJECT: EVOLUTION PAYMENT SYSTEMS, LLC  
Ref. Number: L16000194929

We have received your document for EVOLUTION PAYMENT SYSTEMS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 719A00012034

2019 JUL -2 AM 11:24  
STREET  
TALLEH  
JIT

RECEIVED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Evolution Payment Systems LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/20/2016 and assigned Florida document number L16000194929.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7740 SW 104 Street #103

(Principal office address **MUST BE A STREET ADDRESS**)

Pinecrest, FL 33156

Enter new mailing address, if applicable:

7740 SW 104 Street #103

(Mailing address **MAY BE A POST OFFICE BOX**)

Pinecrest, FL 33156

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Karl Diaz

New Registered Office Address:

7740 SW 104 Street #103

Enter Florida street address

Pinecrest

Florida

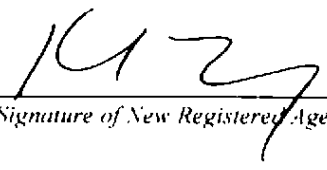
33156

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 603, 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.*

  
Signature of New Registered Agent, if changing

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>                   |
|--------------|-------------|--|---|
| MGR          | Karl Diaz   | 7740 SW 104 Street #103, Pinecrest, FL 33156 | <input checked="" type="checkbox"/> Add |
|              |             |  | <input type="checkbox"/> Remove         |
|              |             |  | <input type="checkbox"/> Change         |
|              |             |  | <input type="checkbox"/> Add            |
|              |             |  | <input type="checkbox"/> Remove         |
|              |             |  | <input type="checkbox"/> Change         |
|              |             |  | <input type="checkbox"/> Add            |
|              |             |  | <input type="checkbox"/> Remove         |
|              |             |  | <input type="checkbox"/> Change         |
|              |             |  | <input type="checkbox"/> Add            |
|              |             |  | <input type="checkbox"/> Remove         |
|              |             |  | <input type="checkbox"/> Change         |
|              |             |  | <input type="checkbox"/> Add            |
|              |             |  | <input type="checkbox"/> Remove         |
|              |             |  | <input type="checkbox"/> Change         |
|              |             |  | <input type="checkbox"/> Add            |
|              |             |  | <input type="checkbox"/> Remove         |
|              |             |  | <input type="checkbox"/> Change         |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

We would like to ammend our mailing address, as well as add Karl Diaz as MGR.

Attached you will find our original filing and payment.

Thank you.

E. Effective date, if other than the date of filing: ASAP (optional)

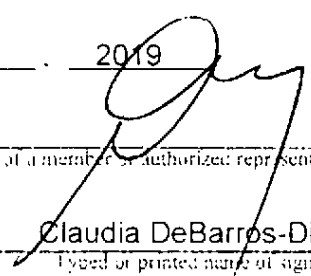
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(a) The 90th day after the record is filed.

Dated June 25th, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Claudia DeBarros-Diaz

\_\_\_\_\_  
Typed or printed name of signer