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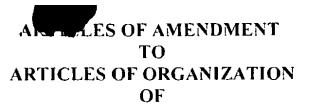
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## OVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	MEDIATIO	ON PROCESSING SERVICES	S, LLC			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		JALPHA POWELL				
			Name of Person			
			Firm/Company		71 038	2021
		4533 GRAY HAWK ST			VTTV VLETA	AUG
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		JALPHAG@GMAIL.COM	City/State and Zip Code		FLE	: 02
		E-mail address: (	to be used for future annual repo	rt notification)		
For further i	nformation c	oncerning this matter, please c	all;			
JALPHA PO	OWELL		904 403-27-	49		
	Name o	f Person	Area Code D	Paytime Telephone Number		
Enclosed is	a check for t	ne following amount:				
□ \$25.00	Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified	icate of Status &	
Re Di P.0	ediing Address Egistration Section of Co. Box 632 Hahassee,	Section Corporations 27	The Centre 2415 N. M		10	



## MEDIATION PROCESSING SERVICES, 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 Cotober 24, 2016 and assigned Florida document number <u>L16000195956</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GLOBAL PROCESSING SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbregiation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

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