16000232545

(Re	questor's Name))
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	m̃E)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
	.,	13/3/
		<u> </u>

Office Use Only



100374603661

10/12/21--01025--027 **30.00

2021 OCT 12 PM 4: 12

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Discount Pa	arments L	ι. C.		
SOBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	anitted for filing			
	ondence concerning this matter				
	And	rew Johnso	η		
		Name of Person	 -		
	Dis	count Partme	ints 1	_L C	
	· ••••	Firm/Company			
	400	South G	reen woo	D AVE	Suite 302
		Address	,		
	Easto	n, PA, 1802	15		
	·	City/State and Zip Code			
		pars@ outlo			
	E-mail address: (to be used for future annual	report notificati	on)	
For further information of	concerning this matter, please c	all:			
Andrew J	ohnson	at (484)	547	9302	
Name o	of Person	Area Code	Daytime Tel	ephone Number	
Enclosed is a check for t	he following amount:				
🖺 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		Solution \$60.00 Filing Certificate of Certified Copy (additional copy)	Status & oy
<u>Mailing Addre</u> Registration		Street A Registi	address: ration Sectio	n	
Division of C	Corporations	Divisio	on of Corpor	ations	
P.O. Box 631			entre of Talla UMonroe St	ahassee treet, Suite 810	
Tallahassee,	F1, 24314	∠ ~1 1.2 1°	a momoc of	acci, oute orb	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RTICLES OF ORGANIZATION FILED
OF

Discount Parm	ents LLC 2021 OCT 12 PM 4: 12			
(Name of the Limited Liability Compa)	ny as it now appears on our fectors. IARY OF STATE Liability Company) IALLAHASSEE, FLORE			
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1 6000 232 545</u> .	were filed on $\frac{12}{27/2016}$ and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	dity company here:			
The new name must be distinguishable and contain the words "Limited Liabili				
Enter new principal offices address, if applicable:	400 South Greenwood Ave Suite 302			
(Principal office address MUST BE A STREET ADDRESS)	Easton, PA, 18045			
Enter new mailing address, if applicable:	400 South Greenwood Ave Suite 302 Easton PA, 18045			
(Mailing address MAY BE A POST OFFICE BOX)	Easton PA, 18045			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u> </u>	Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

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 = Authorized Member **Type of Action** Title <u>Address</u> Name

					
) wner	Yulieth	Carolina	Johason	1924 Pine Ct Hellertown, PA, 18055	[J/Add
				Hellertown, PA, 18055	□Remove
				· · ·	
					□Change
					□ Add
					□Remove
					□Change
	· · · · · · · · · · · · · · · · · · ·				
					□Remove
					□Change
_ 				· · · · · · · · · · · · · · · · · · ·	🗆 Add
					□Remove
					
			- * ******		□Add
					□ Remove
					Change
			<u>.</u>		□Add
					□Remove
					□Change

	Ownership	Shall be	<u>. : </u>		-	
	Andrew	Johnson	50%			·
	Yulieth	Carolina	Johnson	50°/6		·
					······	
						
						·
						
					·····	
E. Effec	tive date, if othe	r than the date o	f filing:		(optional) ore than 90 days after filing.) I	
Note:	If the date inserte	the date must be spec ed in this block doe te on the Departme	s not meet the ap	plicable statutory film	ore than 90 days after filing.) I g requirements, this date w	rill not be listed as the
record is I	filed.				on the earlier of: (b) The	90th day after the
Dated	10-07	- ۱	·	·		
		John	John	nuthorized representative	of a member	
		Signam	rew Jo	india ir en representati ve	a, a memori	

Typed or printed name of signee