L1700033707

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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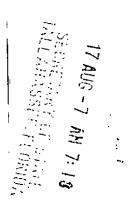
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COVER LETTER

SUBJECT:	STOP CRE	DIT CARD FEES LLC			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı all correspo	ndence concerning this matter	to the following:		
		ALEXI BETHEL			
			Name of Person		_
		STOP CREDIT CARD FE	ES LLC		1
		<u></u>	Firm/Company		-
		6560 W ROGERS CIRCLI	E STE 19		t
			Address		_ `
		BOCA RATON, FL 33487			
			City/State and Zip Code		_
		ALEXIBETHEL@YAHOO			
		E-mail address: ()	to be used for future annual repo	rt notification)	
For further in	nformation c	oncerning this matter, please ca	all:		
ALEXIBET	ГНЕС		954 842-05		
	Name o	(Person	Area Code D	Paytime Telephone Numbe	T
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	ate of Status &

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

STOP CREDIT CAR	D FEE:	S LLC
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(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 02/10/2017 and assigned Florida document number L17000033707

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: 951 BROKEN SOUND PKWY STE 195

BOCA RATON, FL 33487

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

951 BROKEN SOUND PKWY STE 195

BOCA RATON, FL 33487

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:

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALEXI BETHEL	951 BROKEN SOUND PKWY	Add
		STE 195	
		BOCA RATON, FL 33487	■ Change
MGR	SEAN QUILTER	951 BROKEN SOUND PKWY	
		STE 195	□ Remove
		BOCA RATON, FL 33487	☐ Remove
MGR	PETER ROUSSONICOLOS	6560 W ROGERS CIRCLE	□ Add
		BOCA RATON, FL 33487	■ Remove
			☐ Change
			□ Add
			Remove
			Change
			 □ Remove
			Change
			
			☐ Remove
			Change

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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or more to tee: If the date inserted in this block does not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 605.02
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time he 90th day after the record is filed.	e, at 12:01 a.m. on the earlier
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$\det \frac{08/04}{1} = \frac{2017}{1}$	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00