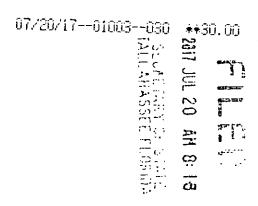
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COVER LETTER

Division of Co	rporations		·
SUBJECT:	Swipe Adv Name of Lim	CACED LLC ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Khalic	d Noohani Name of Person	
	Advance	-d Merchant Firm/Company	Services
	1125 E.	Surrise B1 Address	vd.
	Ft. Laura Khali a E-mail address:	City/State and Zip Code Code	15. com
	concerning this matter, please ca		
Khalid	Nochani	at (<u>954 32-8</u> Area Code Daytim	8-1161
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{2/22/17}{2}$ and assigned Florida document number $\frac{L17000041901}{2}$ 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 "LLC." 1125 E. Surrise Blvd. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1125 E. Surrise Blud 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: 1125 E. Surrise Blud.

Enter Florida street address

Ft. Lander dale Florida 33304

City 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. If Changing Registered Agent, Signature of New Registered Sent Page 1 of 3

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 = Ma AMBR = Aut	nager thorized Member		
Title	Name	Address	Type of Action
MGK	Khalla Noona	in 1/25. E. Sunrise	□ Add
		Ft. Landerdale FL	SSSO4 Remove
			th Change
	· · · · · · · · · · · · · · · · · · ·		□ Add
			□ Remove □ Change
YGR.	IvanZigler	1125 E. Sunrise Blu	•
	U	1125 E. Sunrise Blu F+. Landerdale FL	33304 Remove
			Change
			□ Add
			Remove
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an effective date is list	ed, the date must be specific as	nd cannot be prior to date of fili	ng or more than 90 days after	filing.) Pursuant to 605,020
ocument's effective	date on the Department of	meet the applicable statutor State's records.	ry filing requirements, this	date will not be fisted as
record specifie	es a delayed effective	date, but not an effec	tive time, at 12:01 a	.m. on the earlier o
The 90th day a	fter the record is filed	l.		
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	Khal	id Noohe	ani	
	<u> </u>	Typed or printed name of sig		
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Filing Fee: \$25.00