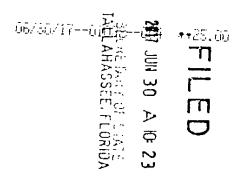
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Se Division of Cor				
PayLife LU SUBJECT:	.C			
SOBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kaysa Rodrigues			
		Name of Person		
	PayLife LLC			
		Firm/Company		
	4628 Mediterranean Circle	•		
		Address		
	Palm Beach Gardens, FL 3	33418		
	info@paylifcusa.com	City/State and Zip Code	ALL A	-11
	- · · ·	to be used for future annual report notifi	ication)	=
For further information c	concerning this matter, please c	all:	MALLAHASSEE, FLO	FILED
Kaysa Rodrigues		404 918-0041 at ()		O
Name c	of Person	Area Code Daytime	Telephone Number 57 23	
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:

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

PayLife ULC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records. ed Liability Company)	1
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a isinoning configure)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number L17000061636		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		2 21
Enter new mailing address, if applicable:		A T
Mailing address MAY BE A POST OFFICE BOX)		SSE W
		m D
3. If amending the registered agent and/or registered		enter the name of the
egistered agent and/or the new registered office address he	<u>ere</u> :), u
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	Flor	ida
	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 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	Nancy Coriaty	4628 Mediterranean Circle	
		Palm Beach Gardens, FL 33418	Remove
			Change
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ffective date, if other than the date of fili				(optional)		
an effective date is listed, the date must be specific a Sote: If the date inserted in this block does not ocument's effective date on the Department of	meet the appli	cable statutor	ig or more than 90	days after filing.)		
e record specifies a delayed effective	date, but n	ot an effect	tive time, at	12:01 a.m. c	n the	earlier o
The 90th day after the record is filed						
The 90th day after the record is filed	. <u>201</u>	1 .				
The 90th day after the record is filed	. <u>201</u> -		ntative of a memb	er		_

Page 3 of 3

Filing Fee: \$25.00