

L17000123159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

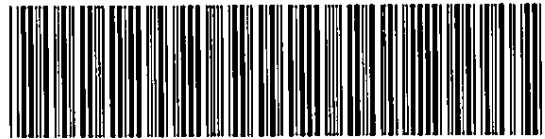
(Business Entity Name)

(Document Number)

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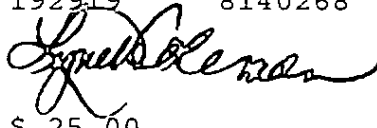
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18 MAY 23 AM 7:43
SECRETARY OF STATE
CORPORATE SERVICES DIVISION

2018 MAY 23 PM 1:56
TALLAHASSEE, FLORIDA
SALY

SALY
MAY 24 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 192919 8140268
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : May 3, 2018
ORDER TIME : 11:39 AM
ORDER NO. : 192919-005
CUSTOMER NO: 8140268

DOMESTIC AMENDMENT FILING

NAME: NOVAPAY, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cynthia Petion	8461 Lake Worth Road Suite 150	<input type="checkbox"/> Add
		Lake Worth, FL 33461	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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WASHINGTON, D.C.

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Dated May 22, 2018

Cyrtus Petrus

Signature of a member or authorized representative of a member

Cynthia Petion

Typed or printed name of signee