# 117000151148

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DIVISION OF CORPURATION

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## **COVER LETTER**

	egistration S ivision of Co			
e i in 11274	Business I	Payment Development Systems	LLC	
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all corresp	ondence concerning this matter	to the following:	
		Rick Brown		
			Name of Person	
			Firm/Company	
		3203 Barton View DR		
			Address	
		Austin, TX 78735		
			City/State and Zip Code	
		rick@bpdsystems.com		
		E-mail address: (	to be used for future annual report notif	ication)
For further	information	concerning this matter, please ca	all:	
Rick Brow	מי		512 202-0672	
	Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is	s a check for	the 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:

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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

(Name of the Limited Lie (A Flo	ability Compa orida Limited I	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company were filed on     07/14/2017     Florida document number   L17000151148					gned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liab	ility company here:			
he new name must be distinguishable and contain the words	*Limited Liabil	ity Company," the design	ration "LLC" or the abbri	eviation "L.L	.,C."
Enter new principal offices address, if applicable:		10451 NE 125th Ave	enue		
Principal office address MUST BE A STREET AL	ODRESS)	Archer, FL 32618		<b>18</b> JU	0151/A10
Enter new mailing address, if applicable:		P.O. Box 186		A.	SECONO SON
Mailing address MAY BE A POST OFFICE BOX	Ω	Archer, FL 32618		1.6	JIIVSG.
B. If amending the registered agent and/or registered agent and/or the new registered office:  Name of New Registered Agent:	**	<u>e</u> :	r records, <u>enter th</u>	e name o	of the
10		. 4			
New Registered Office Address:	10451 NE 125th Avenue  Enter Florida street address				
Ar	rcher		, Florida 32613	8	
		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>	Address	Type of Action		
MGR	Pat Guariglia	11681 Timberwood RD			
		Boca Raton, FL 33428	Remove		
			□ Change		
AMBR	Pat Guariglia	11681 Timberwood RD	Add		
		Boca Raton, FL 33428	■ Remove		
			Change		
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an effective date is listed, the date in this offer. If the date inserted in this	nust be specific and	d cannot be prior	to date of filing o	r more than 90 days	after filing.) Pursu		
ocument's effective date on the				g. rodomonio			
record specifies a delay The 90th day after the r			t an effectiv	e time, at 12:	01 a.m. on th	ie earli	ier c
07 June		2018					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00