## L17000 164714

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

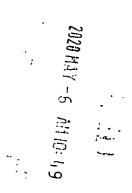
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APR 1 3 2020







May 6, 2020

JACOB STUART, ESQ. JACOB STUART, P.A. 1521 MT. VERNON ST ORLANDO, FL 32803

SUBJECT: PAYNE FINANCIAL, LLC

Ref. Number: L17000164714

We have received your document for PAYNE FINANCIAL, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00009346

Irene Albritton Regulatory Specialist II

www.sunbiz.org



April 23, 2020

JACOB STUART, JR.
JACOB V. STUART, P.A.
1521 MOUNT VERNON STREET
ORLANDO, FL 32803

SUBJECT: PAYNE FINANCIAL, LLC

Ref. Number: L17000164714

We have received your document for PAYNE FINANCIAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foriegn Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00008495

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Division of the control of the contr

## COVER LETTER

4	aune Fin	(AAC: A)	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jacob	Strat, Name of Person	ES1.
	Division of Corporations  Payne Financia, LLC  Name of Limited Liability Company  Deser Articles of Amendment and fee(s) are submitted for filing.  Jacub Stuart, ESA  Name of Person  Jacub Stuart, PA  Fimy/Company  JSA What Veryn St  Address  City/State and Zip Code  Evalt address: (to balased for future annual report notification)  information concerning this matter, please call:  Area Code  Daytime Telephone Number  a check for the following amount:		
	1521	Mt. Verm	St.
	Orlan	City/State and Zip Code	32803
	E and address: (	Jacob Street	ne Com
Jacob	Stuart	407 4	
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address		Street Address:	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICUES OF AMENDMENT

A		TO	[ 4 1	tus
AR	TICLES OF	ORGANIZAT	TION2020 HAY -	6 NH 10: 49
$\tilde{\mathcal{L}}$		OF		• 11110.49
Pa	LUNC	Financi	al, LL	
(Name of the Lin	nited Lin Vility Con (A Florida Limit	npany as it now appeared Liability Company)	s on our secords.)	***
The Articles of Organization for this Limited			812/17	and assigned
Florida document number <b>L 7</b> 000	6471			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited li	ability company h	ere:	
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the o	lesignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	<u> ≅ BOX)</u>	•		<del></del>
•				
If amending the registered agent and/or	registered offic	re address on our	records enter the	name of the new regist
ent and/or the new registered office addr	•	e address on our	ecolus, <u>enter the</u>	. Hante of the new regist
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
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.

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

2020 14AY -6 Alt 10: 1. 0

MGR = Manager AMBR = Authorized Member Address Type of Action **Title** :lliam S. Payne □Remove Change \_ 🗆 Add \_\_ □Add \_\_\_\_\_ 🗀 Remove \_\_\_\_ Change Remove \_\_\_\_\_ Change \_\_\_\_ 🗀 Add ∏Remove \_\_\_\_ Clubange

famen	ding any other information, enter change(s) here: (Attach additional sheets, if pecessary.)	AH 10: 1, 5
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<b>Tectiv</b>	date, if other than the date of filing: 4-9-2020 (optional)	
<u>ote:</u> If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs the date inserted in this block does not meet the applicable statutory filing requirements, this date will	uant to 605,020 not be listed as
cumer	's effective date on the Department of State's records.	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90t	h day after the
is file		
ated _	May 1 2020	
	X T	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00