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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pay Less Ap	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Pay Lo. 480 East	Stronds burg, PA 1830/ City/State and Zip Code
E-mail add	dress: (to be used for future annual report notification)
For further information concerning this matter, pla	ease call:
Regina O Donne (1) Name of Person	at (576) 430 - 980 / Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Sand Sand State of State State Sand Sand Sand Sand Sand Sand Sand Sand	& \$\Bigcup \$55.00 \text{ Filing Fee & \$\Bigcup \$60.00 \text{ Filing Fee, } \\ Certified Copy & Certificate of Status & \\ Certified Copy & Certified Copy \\ (additional copy is enclosed)
MAILING ADDRESS: 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

1 / 100

	Thients LL	oude)	
(A Florida I	Company as it now appears on our rec Limited Liability Company)	<u>01 05.</u>)	
The Articles of Organization for this Limited Liability Co	ompany were filed on Movemb	~ 7, 3017 and assig	ned
Florida document number 17000 330504	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
			<u></u>
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "I	LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)	## ·	
			<u> </u>
		AUG	皇皇
Enter new mailing address, if applicable:			- کرد ب
(Mailing address MAY BE A POST OFFICE BOX)		ال 	200
		¥	್ಕ್ರಾಗ್ ೧ೀನ
			<u> </u>
B. If amending the registered agent and/or registe		ords, enter the name of	
registered agent and/or the new registered office addre	ess here:		ເກ
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Agaress.	Enter Florida street ad	dress	
	,	Florida	
	City	Zip Code	
Now Designated Assets County of sharping Designand	Anants		

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
			Remove
			☐ Change
			
		☐ Remove	
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			Add
	· · · · · · · · · · · · · · · · · · ·	☐ Remove	
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	pirios Bilianis is now the Vice President
	of Pay Less Apartments, LLC
	dba PayLess Apartments
	Opac Tages 3 Tipot Time Time Time Time Time Time Time Time
	
_	<u> </u>
(If an effective Note: If th	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the half the record is filed.
Dated	Mulad Bundi
	Signature of a member or authorized representative of a member
	Michael Berardi
,	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00