

L18 0000 139 M

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

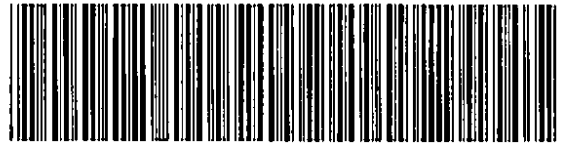
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400342761194

04 09/20--01009--014 \*\*60.00

R WHITE  
APR 22 2023

00-6-00-0000

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A1 MERCHANT SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL KAPLAN

Name of Person

A1 MERCHANT SOLUTIONS LLC

Firm/Company

269 BURGUNDY F

Address

DELRAY BEACH, FL 33484

City/State and Zip Code

Mike@A-1MerchantSolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Kaplan

518 763-4000  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is 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:**

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

**Street Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

A1 MERCHANT SOLUTIONS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/16/2018 and assigned  
Florida document number L18000013917.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability 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)**

269 BURGUNDY F

DELRAY BEACH, FL 33484

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

269 BURGUNDY F

DELRAY BEACH, FL 33484

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: MICHAEL KAPLAN

New Registered Office Address: 269 BURGUNDY F

*Enter Florida street address*

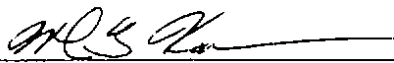
DELRAY BEACH, Florida 33484

*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>	<u>Type of Action</u>
MGR	MASTERS TELECOM LLC	2705 PARK ST	<input type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHAEL KAPLAN	269 BURGUNDY F	<input type="checkbox"/> Add
		DELRAY BEACH FL 33484	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BARBARA SAATI	269 BURGUNDY F	<input type="checkbox"/> Add
		DELRAY BEACH FL 33484	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DOUGLAS KERL	2705 PART ST	<input type="checkbox"/> Add
		LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**