

L18000 052 520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

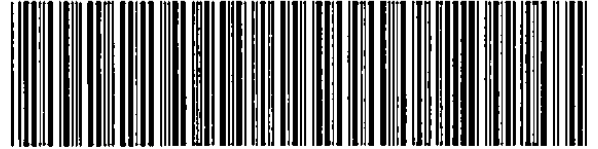
(Business Entity Name)

(Document Number)

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OCT 15 2019

2019 SEP 30 PM 6:43
SEP 30 2019
SEP 30 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SIMPLEPAY.IO LLC

SUBJECT: _____
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:

TROY A. BROUSSARD

Name of Person

SIMPLEPAY.IO LLC

Firm/Company

13506 SUMMERPORT VILLAGE PKWY #714

Address

WINDERMERE, FLORIDA 34786

City/State and Zip Code

TROY@TROYBROUSSARD.COM

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

For further information concerning this matter, please call:

TROY A. BROUSSARD

407

432-0801

Name of Person

at (_____) _____

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

SIMPLEPAY.IO 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 02/27/2018 and assigned
Florida document number L18000052520.

This amendment is submitted to amend the following:

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

N/A - NO CHANGE IN NAME

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:

N/A - NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A - NO CHANGE

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent: TROY A. BROUSSARD

New Registered Office Address: 13154 KEGAN STREET

Enter Florida street address

WINDERMERE, Florida 34786

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.

 9/19
If Changing Registered Agent, Signature of New Registered Agent

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	JACK BORN	2039 SELVA MADERA CT	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BEN SETTLE	94038 MATHER LANE	<input checked="" type="checkbox"/> Add
		POB 1056	<input type="checkbox"/> Remove
		GOLD BEACH, OR 97444	<input type="checkbox"/> Change
MGR	TROY A. BROUSSARD	13154 KEGAN STREET	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

9/19/2019

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.021

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

SEPTEMBER 19TH

2019

Dated _____, _____

Way A. Broumand 9/19/2019
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

TROY A. BROUSSARD

Typed or printed name of signee