## L18 000073690

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## **COVER LETTER**

	Registration Se Division of Cor						
cup m.		1 SERVICES US, LLC					
SUBJEC	.1:	Name of Limited Liability Company					
		Amendment and fee(s) are subtendence concerning this matter t					
		Braxton L. Bowen, Jr. Esq.					
		<del></del>	Name of Person				
		The Preston Law Firm					
			Firm/Company				
		605 S. Orange Street					
			Address				
		New Smyrna Beach, FL 32	2168				
		Braxton@theprestonlawfirm	City/State and Zip Code				
		E-mail address: (	to be used for future annual report notifi	eation)			
For furtl	ner information o	concerning this matter, please co	ull:				
Braxton L. Bowen, Jr., Esq.		386 424-9200					
	Name (	f Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for t	he 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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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

QUANTUM SERVICES US, LLC		
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on March 21, 2018	and assigned
Florida document number L18000073690		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
PASTEPAY, LLC		<del>_</del> _
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	(SS)	20
		<u>. [8]</u>
		is .
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registeregistered agent and/or the new registered office address.		_
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	<del></del>
	191 - 1	
	, Florida _	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			☐ Remove
			Change
<del></del>			
			Remove
			☐ Change
		<u></u>	Add
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ote: If the date inserted in thi	must be specific and cannot be prior to date	(optional)  of filing or more than 90 days after filing.) Pursuant to 605.0207 (tatutory filing requirements, this date will not be listed as t
e record specifies a dela The 90th day after the	yed effective date, but not an record is filed.	effective time, at 12:01 a.m. on the earlier of:
ated May 7	2019	
	<u> </u>	
MIN	Signature of a member or authorized	

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Typed or printed name of signee

Filing Fee: \$25.00