118000082724

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DIVISION OF CORPORALION

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COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	Payitiv "LLC	Çir.		
SUBJECT		Name of Limit	led Liability Company	
The enclosed	Anticles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		Harry Carter		
			Name of Person	
		Payitiv LLc		
			Firm/Company	
		7217 1st Ave s.		
			Address	·
		St. Petersburg FL 33707		
		Harry@payitiv.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notif	fication)
For further in	nformation cor	ncerning this matter, please cal	11:	
Harry Carter			727 287-4121 at ()	
	Name of I	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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**

Payitiv LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 04/02/2018	and assigned
Florida document number L18000082724	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADI	ORESS)	
		8 S
		17 988
Enter new mailing address, if applicable:	N/A	2
Mailing address MAY BE A POST OFFICE BOX)		
		- 31
		03
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		s, enter the name of the
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street addres:	y
<u></u>	-	orida
	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>	Type of Action
MGR	Conniemarie Leombruno	7217 1st Ave s	
		St. Petersburg FL. 33707	Add
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	ist be specific and cannot be prior to date of filing of		
ote: If the date inserted in this becament's effective date on the I	lock does not meet the applicable statutory for partment of State's records.	iling requirements, this date will not be I	isted
record specifies a delaye The 90th day after the re	d effective date, but not an effective cord is filed.	e time, at 12:01 a.m. on the ear	lier
September 19 ted	2018		

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00