# 1180000082724

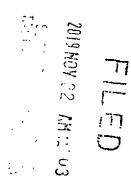
(Rec	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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### **COVER LETTER**

SUBJECT:	Payitiv LLO			
SUBJEC1:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
		Harry Carter		
		Payitiv LLC	Name of Person	
		7217 Ist Ave S.	Firm/Company	
		St. Petersburg FL 33707	Address	
		Harry@payitiv.com	City/State and Zip Code	
			to be used for future annual report notific	cation)
For further is	nformation c	oncerning this matter, please ca	all:	
Harry Carte	r		727 2874121 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	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

TO:

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				
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)		<del></del>	
The Articles of Organization for this Limited Liabilities document number £18000082724		ar	nd assign	ed
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviati	ion "L.L.C	•
Enter new principal offices address, if applicable:	:			
Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	2			
)	egistered office address on our records, enter	T.A	_	41
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office and/or the new registered agent and/or the new registered office and/or the new registered agent and/or the new registered office and and/or the new registered agent and/or the new registered office and and/or the new registered office and and/or the new registered office and and/or the new registered agent agent and/or the new registered agent and/or the new registered agent ag</li></ol>		the n	22 (20	1
Name of New Registered Agent:			<del></del>	
New Registered Office Address:	Enter Florida street address	:	<del></del> ω	<u> </u>
_	, Florida			
<del></del>	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	Yvonne Crescenzi	10122 Tarpon Dr Treasure island FL 33706	<b>■ A</b> dd
			□ Remove
			☐ Change
MGR	Annette Mensch	397 madonna Blvd tierra Verde FL 33715	Add
			□ Remove
			Change
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ectiv	re date, if other than the date of filing: (optional)
	ctive 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 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
he '	90th day after the record is filed.
1	1/19/2019
ed _	· · · · · · · · · · · · · · · · · · ·
	ils CEO
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00