## 118000255487

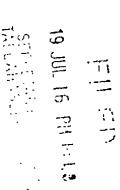
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JUL 23 2019

## **COVER LETTER**

SUBJECT:	int Solutions, LLC		····
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffrey Levine		
		Name of Person	
	All Merchant Solutions, LI	.C	
		Firm/Company	
	3640 Yacht Club Drive, TS	5-8	
		Address	···
	Aventura, FL 33180		
		City/State and Zip Code	
	jeff@allmerchantsolution.co	om	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Jeffrey Levine		917 405-1606	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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

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

All 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 October, 31,2018 and assigned Florida document number L18000255487 This amendment is submitted to amend the following: 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 abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alvin Christopher Comeaux	3410 Lost Oak Dr. Spring, TX 77388	■ Add
			Remove
			Change
MGR	Valerie E. Walker	16610 Orchard Mist Cypress, TX 77433	D Add
			■ Remove
			□ Change
	<u> </u>		D Add
			□ Remove
			Change
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		*·*	Remove
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	date of filing:		(or	otional)	
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be ock does not meet the a	pplicable statutory	or more than 90 days at filing requirements, (	this date will not be liste	.0207 ed as (
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Page 3 of 3

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