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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:				
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAYPROP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

٠,

PAYPROP, LLC					
(Name of the Limite	e <mark>d Liability Compa</mark> (A Florida Limited l	ny as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited Li	ability Company	were filed on 12/31/	2018	and a	ssigned
Florida document number L19000003335	·				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:		VII VII VII VII	
PayProp (FL) LLC					5 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designa	tion "LLC" or the	abbreviation	L.L.C.
Enter new principal offices address, if applicable:		1000 Waterford	Way, Suite	940	o ili
(Principal office address MUST BE A STREET ADDRESS)		NW 57th Court			
		Miami FL 33126		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7901 4th St N STE 300			
		St. Petersburg F	L 33702		
B. If amending the registered agent and/registered agent and/or the new registered of	fice address her	<u>e</u> :		er the <u>nam</u>	e of the new
Name of New Registered Agent:	t Registered Age	ent LLC			
New Registered Office Address:	7901 4th 5	St N STE 300 Enter Florida sti	reet address		
	St. Peters	burg	, Florida	33702	
		City		Zip Coo	le
New Registered Agent's Signature, if changing F	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>	Address	Type of Action
MGR	Dawid Eduard Malan	1000 Waterford Suite 940	☑ Add
		NW 57th Court	☐ Remove
		Miami, FL 33126	
			Remove
			Change, 4
			□ Remove
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Effective date, if other than the of the effective date is listed, the date must	be specific and ca	annot be prior to	date of filing or i	nore than 90 days af	otional) ter filing.) Pursua	nt to 605.0207
<u>Note:</u> If the date inserted in this blod document's effective date on the De	:k does not me partment of Sta	et the applicat .te's records.	ole statutory fili:	ng requirements, t	his date will no	t be fisted as
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the record specifies a delayed) The 90th day after the reco	effective da rd is filed.	te, but not	an effective	time, at 12:01	t a.m. on the	: earner or
		2021				
Dated 05/04			•			
Dated 05/04	<u> </u>		_ · ized representativ			

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