

L19000003335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

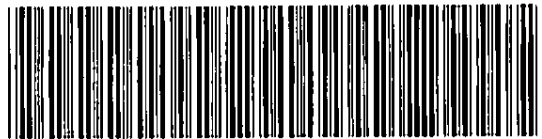
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



000420786910

RECEIVED
JAN 29 AM 9:40
STATE
SECRET

RECEIVED
2024 JAN 29 PM 4:51
ALABAMA SECRETARY OF REVENUE

R. HUNT

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$25.00

Authorization Signature: *Jan Feller*

<u>BUSINESS NAME</u>	<u>DOCUMENT #</u>
PAYPROP (FL) LLC	L19000003335

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☐ CORP
☐ Other

AMENDMENTS

☒ X Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Articles of Conversion
☐ Restated Articles of Incorporation
☐ Statement of Authority

APOSTILLE(s) **&** **OTHER FILINGS**

<input type="checkbox"/> Apostille	<input type="checkbox"/> Foreign Filing
<input type="checkbox"/> Country	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Annual Report	<input type="checkbox"/> Qualification
<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Other

EXAMINER'S INITIALS: _____

STATE
TALLAHASSEE, FL
JAN 13 AM 9:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAYPROP (FL) LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Giglio

Name of Person

REBCCS LLC

Firm/Company

5073 Signal Hill Ln

Address

Cincinnati OH 45244

City/State and Zip Code

gynot@email.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Giglio

Name of Person

at (513) 505-5222

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAYPROP (FL) 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 12/31/2018 and assigned
Florida document number 119000003335.

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Type of Action</u>
MGR	Adriaan Louwrens Liebenberg	7901 4th St N Ste 300	<input type="checkbox"/> Add
		St Petersburg FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony Giglio	5073 Signal Hill Ln	<input checked="" type="checkbox"/> Add
		Cincinnati OH 45244	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

FLORIDA
STATE
JAN 17 2019
AM 9:41
TALLAHASSEE, FL

