L19000027981

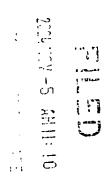
(Requestor's Name)
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(Document Number)
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Omend/ Name Change

DEC 1 0 2024 D CUSHING

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Erik Linaje				
		Name of Person			
	Revma Merchant Services	, LLC			
		Firm/Company			
	95 Merrick Way, Suite 30	0			
		Address			
	Coral Gables, FL 33134				
		City/State and Zip Code		′ 5	(-) (F) (-)
	Elinaje@wisource.com			•	
	E-mail address: (to be used for future annual	report notification)		(<u>.</u>]
For further information c	oncerning this matter, please c	all:			က်
Erik Linaje			3-7661	1	
Name o	f Person	at () Area Code	Daytime Telephone Number	• ;	77 (5
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is enc	Certificat Certified	e of Status	
Mailing Addres		Street A	ddress:		
Registration S Division of C		_	ation Section n of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Revma merchant services, LLC				
(Name of the Limited Liability Comps (A Florida Limited	nny as it now appears on our records,) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L19000027981	were filed on 01/15/2019	{	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
WiSource Holdings LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbrevia	tion "L.L	C."
Enter new principal offices address, if applicable:	95 Merrick Way, Suite 300			
Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33134			
Enter new mailing address, if applicable:	95 Merrick Way, Suite 300	()	222	6-3,7-7
Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33134			2222
		:		
3. If amending the registered agent and/or registered office a	address on our records, <u>enter the</u>	name of t	he new	register
gent and/or the new registered office address here:		; ;	5	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	<u>.</u>		
	, Florid	9		
	City		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 Membe	r

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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ective date, if other than the effective date is listed, the date in the ter. If the date inserted in this cument's effective date on the	block does not meet the ap	pplicable statutory filin	(optional) ore than 90 days after filing.) g requirements, this date	Pursuant to 605.020 will not be listed a
cord specifies a delayed effect s filed.	ve date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b) The	e 90th day after the
October 29th	2024			
	7/	· ·		
	Commence of the contract of th		. f L	
_	Signature of a member or	aumorized representative	or a member	

Filing Fee: \$25.00