

9/11/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SECURE PAY SERVICE LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

SEP 16 2020

Help

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2020 09 14 PM 3: 38

SECURE PAY SERVICE 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 02/05/2019 and assigned  
Florida document number 119000036364.

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	KARINA ALFARO	9102 SW 182 STREET	<input type="checkbox"/> Add
		MIAMI FLORIDA 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA E BOLANOS	13120 SW 92 AVE APT B310	<input type="checkbox"/> Add
		MIAMI FLORIDA 33176	<input checked="" type="checkbox"/> Remove
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
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 14 2020

SEPTEMBER 14



FREDDIE CASTRO

Signature of a member or authorized representative of a member

FREDDIE CASTRO

Typed or printed name of signer