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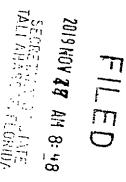
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	IGOV EPA	Y LLC		
O DAL		Name of Limi	ted Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JERRTY OYLER		
		IGOV EPAY LLC	Name of Person	
		1307 S INTERNATIONAL I	Firm/Company PKWY, STE 2061	
		LAKE MARY, FL 32746-14	Address	
		ACCOUNTING.PND@YAH	City/State and Zip Code OO.COM	
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please ea	all:	
PRAS	AD VALAY		407 493-1311 at ()	
	Name o	f Person	Area Code Daytim	te Telephone Number
Enclos	ed is a check for th	ne following amount:		
ਙ \$2	5.00 Fiting 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)
	MAIL	ING ADDRESS:	STREET/COURI	HER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IGOV EPAY LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records ed Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa	iny were filed on 10/28/2019	and assigned
Florida document number L19000269525		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
PDMA SERVICES LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7019 78E
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our records here:	s, enter the name of the ne
		□ 量 m
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		8
	Enter Florida street addres	35
	Fl	orida
	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>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Remove
			□ Change
			Add
			☐ Remove
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