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R. WHITE FFB 1 7 2020

## **COVER LETTER**

TO:

	egistration Se ivision of Cor			
SUBJECT	Pinacle Pay	ment Processing, LLC		
SUBJEC, I	·	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retui	rn all correspo	ondence concerning this matter	to the following:	
		Francis Romanello		
		<del></del>	Name of Person	
		Pincale payment Processir	ng, LLC	
			Pirm/Company	
		6015 Old Dixie Drive		
			Address	<del>-</del>
		St Augustine, FL 32095		
			City/State and Zip Code	
		lwhitley@firstcoastaccount	ing.com	
		E-mail address: (	to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please c	all:	
Francis Ro	manello		954 931-7801 at ()	. (
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration Se	ction
Registration Section Division of Corporations			Division of Cor	
	O. Box 632		The Centre of T	
Та	llahassee, F	T. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINACLE PAYMENT PROCESSING, LLC

2010 21 PH 2: 10

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on DECEM	BER 4, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	s, <u>enter the name of the new regis</u>
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida str.	eet address
	Enter Florida str	eet oddress, Florida Zip Code

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>	Type of Action
MBR	FRANCIS ROMANELLO	6015 OLD DIXIE DRIVE	≅ Add
		ST AUGUSTINE. FL 32095	□Remove
			□Change
			□Add
			□Remove
		·	Change
			□Add
			🗆 Remove
		·	□Change
			□ Add
		<del></del>	□Remove
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	DECEMBER 4, 2019
ffecti	re date, if other than the date of filing; (optional)
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nt's effective date on the Department of State's records.
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
l is tile	
ated	ANUARY 15 2020
	In M. Januarella

Filing Fee: \$25.00

Typed or printed name of signee