LZO 000 ZZU 719

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	Pay Me Wit	th LLC			
OBJECT		Name of Limited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
		ndence concerning this matter	-		
		Amanda Lubin			
			Name of Person		
		Pay Me With LLC			
			Firm/Company		
		PO BOX 5376			
			Address		
		Hollywood, FL 33083			
		Alubia 2012 @ il	City/State and Zip Code		
		Alubin2013@gmail.com E-mail address: (to be used for future annual report notif	ication)	
For further in	nformation c	oncerning this matter, please ca	all:		
Amanda Lul	oin		305 7667556		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 I	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)	
	iling Addres		Street Address:	vtion.	
	gistration S	Section	Registration Sec		

Division of Corporations

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pay Me With LLC

company has been notified in writing of this change.

(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 $\frac{07/27/2020}{1}$ Florida document number L20000220719 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) PO BOX 5376 Enter new mailing address, if applicable: Hollywood, FL 33083 (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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City 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

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 bei or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	Amanda D. Lubin		□Add
			□Remove
		PO BOX 5376 HOLLYWOOD, FL 33083	hange
AMBR	Anton B. Brown	PO BOX 5376 HOLLYWOOD, FL 33083	—————————————————————————————————————
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Change
		<u>. </u>	□Add
			□Remove
		• • •	□Change
			□Add
			□Remove
			□Change

Please see the changes in se	tion C (above).	
		18
		<u> </u>
		*-
		
		
fective date, if other than the	e date of filing: st be specific and cannot be prior to date of filing or r	(optional)
ote: If the date inserted in this b	lock does not meet the applicable statutory film	ng requirements, this date will not be listed
cument's effective date on the I	repartment of State's records.	
opport annuiting a delivery of a CC- at	- Lee Lee et al. (7 et al. 12 o)	al 12 Calo Mil oo la la o
is filed.	ve date, but not an effective time, at 12:01 a.m.	on the earlier of: (b)—The 90th day after
October 8 ated	2020	
	16	
(272	
	Signature of a member or authorized representative	n ot a mambar

Filing Fee: \$25.00