120000332262

| (Requestor's Name) | | | |
|-----------------------------------------|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



800354724328

2020 NOV -9 AM ST [2 SECRETARY OF STATE

NEONYEU 1991-107 - 9 14 2: 4:3

Y SULKER NOV 10 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 11/9/2020 | | **WALK | IN≠≠ |
|----------------------------------------------|---------------------------------------------------------------------|--------|------|
| ENTITY NAME ONE RIV | 'ER PARTNERS LLC | | |
| | | | |
| DOCUMENT NUMBER_ | | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | | |
| XXXX | Plain Copy | 10 | ٠. |
| | Certified Copy | | |
| | Certificate of Status | | |
| | Certified Copy of Arts & Amendments Certificate of Good Standing | | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | | |
| COUNTRY OF DESTINATI NUMBER OF CERTIFICAT | | _ | |
| TOTAL OWED \$25.00 | ACCOUNT #: I20160000072 | | |
| | | | |
| Please call Tina at th | e above number for any issues or concerns. Thank you so m | ruch! | |

COVER LETTER

| SUBJECT: | One River | Merchant Services LLC | | |
|----------------|----------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 BJEC, 1. | | | | |
| The enclosed | I Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Angela Garner | | |
| | | · | Name of Person | |
| | | ZenBusiness PBC | | |
| | | | Firm/Company | |
| | | 5900 Balcones Dr., Suite 5 | 5000 | |
| | | | Address | |
| | | Austin, TX 78731 | | |
| | | fulfillment@zenbusiness.cc | City/State and Zip Code | |
| | | _ | to be used for future annual report notifi | cation) |
| For further in | nformation c | oncerning this matter, please co | all: | |
| Angela Gari | ner c/o ZenB | usiness PBC | 844 493-6249 | |
| | Name o | f Person | at () Area Code Daytine | Telephone Number |
| Enclosed is a | n check for tl | ne following amount: | | |
| ■ \$25.00 F | iling 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) |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| One River Merchant Services LLC | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limited | pany as it now appears on our records.) d Liability Company) | |
| The Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion for the Li | ny were filed on 10/20/2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | -1-1 |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 429 LENOX AVENUE Miami Beach, FL 33139 | · |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | | r the name of the ne |
| Name of New Registered Agent: | | - S - L |
| New Registered Office Address: | Emer Florida street address | FIGURE D |
| | , Florida _ | ORALL ORALL |
| | 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> | Name | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
| | | | Add |
| | | | Remove |
| | | | Change |
| - | | | Add |
| | | - | ☐ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | □ Change |
| | | | □ Add |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | Change |

| | | | | _ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------|
| | | | | |
| - | | | | - |
| | · | | | _ |
| | <u></u> | | | _ |
| | | | | _ |
| | | | | |
| | | ·· · | | _ |
| . | | | | - |
| | | | | _ |
| | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | _ |
| | | | | - |
| | | | | _ |
| | | | | |
| | | - | | _ |
| | | | | _ |
| | | | <u></u> | - |
| | | | | _ |
| | | | | |
| | | | | - |
| Effective date, if other than the (If an effective date is fisted, the date must Note: If the date inserted in this blo document's effective date on the De | be specific and cannot be prior took does not meet the applica | o date of filing or more tha ble statutory filing requ | (optional) n 90 days after filing.) Pursuant to 60 irements, this date will not be lis | 5.0207 (. ted as tl |
| the record specifies a delayed) The 90th day after the reco | | an effective time, | at 12:01 a.m. on the earl | ier of: |
| Dated November 6 | . 2020 | _ · | | |
| /S/ Ian Wells | Classic | , , , , , , , , , , , , , , , , , , , , | | |
| | Signature of a member or author | rized representative of a me | ember | |
| lan Wells | | | | |
| | Typed or printed | l name of signee | | |

Page 3 of 3

Filing Fee: \$25.00