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(Re	equestor's Name)	
(Ad	ldress)	
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<i>,</i>	a.e.s.,	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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Y. SCOTT JAN 2 1 2022



COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	Jeal Proces	Sing Services	LLC	
	Pank (4 Cam	act Emonty Company		
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.		
Please return all corresponde	nce concerning this matter t	to the following:		
	Isalysi	Ruiz Contrero		ı ı
	·	Name of Person		
		Firm/Company		1
	500 Rev	ilo Blud	1022 JAN 14 PH 3: I	: ,
		Address	' m —	-
	Daytona	Beach, FL, 32.	118	
	150 1.150			
-	E-mail address: (10	o brused for litture annual report notif	ication)	
For further information conc	erning this matter, please ca	itt:		
Isalys Ruin Name of Per	z Contreras	at (<u>407</u>) <u>lele8</u> – Area Code Daytime	2240 Telephone Number	
Enclosed is a check for the fe	ollowing amount:			
\$\$ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed))
Mailing Address:		Street Address:		
Registration Sect		Registration Sec		
Division of Corp P.O. Box 6327	orations	Division of Corp The Centre of Ta		
Tallahassee, FL.	32314		attanassee Street, Suite 810	
e meroseromente e l'e-	y = v + +	Tallahassee, FL		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ideal Processing	a Services LLC	
	pany as it now appears on our recorded Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compar Florida document number <u>LD1000 FSH 208</u> .	ny were filed on <u>04/02/2</u>	OD and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Tideal Billing Incess The new name must be distinguishable and containing words "Limited Lia"	bility Company," the designation "LLC"	or the appareduion 3.L.C."
Enter new principal offices address, if applicable:	4114	5 7
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		OP STATE
(Mailing address MAY BE A POST OFFICE BOX)	<i>[V]H</i>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records. enter	the name of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name A.) / A	Address	Type of Action
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			DChange
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f an effective date <u>Note:</u> If the dat	if other than the date of fil is listed, the date must be specific is e inserted in this block does no ctive date on the Department of	and cannot be prior to date of fil- of meet the applicable statuto	ng or more than 90 days after	onal) (filing.) Pursuant to 605,020 (s date will not be listed as
record specifie d is filed.	s a delayed effective date, but r	not an effective time, at 12:0	l a.m. on the earlier of: (b	o) The 90th day after the
Dated <u>DCC</u>	ember 28	2021 VA		
	Signature of	a member or authorized repres	entative of a member	
	1	S Tauz Con	1	

Filing Fee: \$25.00