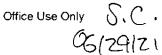
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	ion Section of Corporations	,
	rnment Marketplace Processing, LLC	
SUBJECT:	Name of Limited Liab	ility Company
The enclosed Artic	les of Amendment and fee(s) are submitted for	or filing.
Please return all co	rrespondence concerning this matter to the fo	llowing:
	David Levenreich	
	N	ame of Person
	- F	inn/Company
	406 South Prospect Ave.	
		Address
	Clearwater, FL 33756	
	City/S	tate and Zip Code
	delevenreichyahoo.com	d for future annual report notification)
F 6 (- 6		u for future annual report notification)
	ation concerning this matter, please call:	727 441-8485
David Levenreich		at ()
7	Name of Person	Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:	→ <u>·</u>
■ \$25.00 Filing	Certificate of Status	55.00 Filing Fee & S60.00 Filing Fee, Certified Copy additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
-	ation Section	Street Address: Registration Section
Division P.O. Bo	n of Corporations	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Government Marketplace Processing, LLC	
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
he Articles of Organization for this Limited Liability Company were filed on April 9, 2021	and assigned
lorida document number L21000165593	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
N/A	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, entegent and/or the new registered office address here:	ter the name of the new register
gent and/or the new registered office address here:	등) 문급
Name of New Registered Agent:	
Name of New Registered Agent.	:53
New Registered Office Address:	ــا ـــا
Enter Florida street add	dress >
	Florida
City	Zip-Gode -

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, 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>	Address	Type of Action
MGR	Travis Collins	35246 US HWY 19 North	□ Add
		Palm Harbor, FL 33756	■Remove
			Change
MGR	Chuck Hupp	35246 US HWY 19 North	= Add
		Palm Harbor, FL 33756	□Remove
			□Change
			□Add
			□Remove
			□Change
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			☐Remove
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	14 10 2021	2	
ective date, if other than t	he date of filing: May 19, 2021	(landing)	
e: If the date inserted in this	nust be specific and cannot be prior to dust of filing or move block does not most the applicable statutory filing r	equirements, this date will not be list	red a
ument's effective date on the	Department of State's records	21	
cord specifies a delayed effec s filed	ive date, but not an effective time, at 12 01 a m. on	the earlier of: (b) The 90th day aft	er th
ed	2021		
	Ch. M. Mem		
	Signature of a member or authorized peresentative of	A member	
	- 0		
	Charles Hupp		

Filing Fee: \$25.00