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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAYCENTRE LLC

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COVER LETTER

TO: Registration Division of C							
	NTRE LLC						
Name of Limited Liability Company							
	of Amendment and fee(s) are submitted for filing.						
Please return all corres	pondence concerning this matter to the following:						
	Cheyenne Moseley						
Name of Person							
	Legalzoom.com, Inc.						
Firm/Company							
	101 N Brand Blvd 11th Fl						
	Address						
	Glendale, CA 91203						
	City/State and Zip Code s.hossain@lettereredit.com						
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For further information	n concerning this matter, please call:						
Cheyenne Moseley	800 773-0888						
Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for	r the following amount:						
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)						

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

PAYCENTRE LLC

(Name of the Lin	ilted Llability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Florida document number 1.21000250473				_ and assigned
This amendment is submitted to amend the for	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbrei	viation "L.L.C."
Enter new principal offices address, if applicable:		107-52 Degrwood Park Blvd., Suite 100		
(Principal office address MUST BE A STRE		Jacksonville, FL 322	256	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	l/or registered of office address her Shalisa Ali	ffice address on our	records, <u>enter the</u>	name of the new
		od Park Blvd., Suite 10	0	
And Andrews	Enter Florida street address			
	Jacksonville		Florida 32256	} !
		City		lip Code
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ver and complete istered agent as p registered office	performance of my o provided for in Chap.	luties, and I am fami. ter 605, F.S. Or, if th	liar with and iis document is
	S. Carrier	d i l		

From: Laure Rodriguez

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

Title	<u>Name</u>	Address	Type of Action
MGR	Shelisa Ali	107-52 Deerwood Park Blvd., Suite 100, Jacksonville, FL 32256	■ Add
			Remove
			Change
MGR	Marshall Jablon		□ Add
		19955 NE 38TH COURT, SUITE 1801, AVENTURA, FL 33180	■ Remove
			☐ Change
			
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
 	.		D Add
			Remove
			□ Change

To:

Sholisa Ali

Filing Fee: \$25.00

Typed or printed name of signee