

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250000184743)))



H250000184743ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-597

Fax Number :

: (305)552-5973 : (305)675-5944

**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 FD PAYMENT SERVICES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

2025 JAN 15 FM 8: 05

PETALLIS PH 4:

OFFICE STREET SAME

WISHEST SAME

WISHEST

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FD PAYMENT'S | BRVICES LLC |
|--|---|
| (Name of the Limited Liability Com (A Piorida Limite | Usay as it now appears on our records.) d Liebility Company) |
| The Articles of Organization for this Limited Liability Compar | |
| Florida document number L21000424857 | and assigne |
| This amendment is submitted to amend the following: | |
| 4. If amending name, enter the new name of the limited lia | bility company here: |
| The new name must be distinguishable | 20 |
| The new name must be distinguishable and contain the words "Limited Link | ility 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 | |
| | y (i |
| • | |
| nter new mailing address, if applicable: | @ |
| Mailing address MAY BE A POST OFFICE BOX | 1 1 |
| | |
| | |
| If amending the registered agent and/or registered office gent and/or the new registered office address here: | address on our records, enter the name of the new regi |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| Constitution of the control of the c | 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 Lam 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

| Title | Name | Address | Type of Actio |
|---------------|--------------------|---|---------------|
| MGR | UAI SOLUTIONS LL.C | 6301 COLLINS AVE MIAME BEACH, FL 33141. | ⊠Add |
| | | | □Remove |
| | | | □ Change |
| , | | | 🗆 Add |
| | | | □ Remove |
| | | | Change |
| | | ** | □ Add |
| | | · · · · · · · · · · · · · · · · · · · | DRemove |
| | | | |
| . | | | □Add |
| | | | DRemova |
| | | | Change |
| | | | DAdd |
| | | | □Remove |
| | | | |
| | | | DAdd |
| | | | □Remove |
| | | | □ Change |

| • | | | <u> </u> |
|--|---------------------------------------|---------------------------------------|----------------------------------|
| | | | <u>ئىشى ئەسىسىنىسسىد</u> تىسىدىن |
| | | | |
| | | | |
| and the second s | | | |
| | | | , |
| | | | |
| | | | · |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| | | | • |
| | | | , |
| | | | |
| • | | | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| <u>.</u> | | • | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| • | | | |
| • | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be | ·-·· | (opt | lonal) |
| effective date is listed; the date must be specific and cannot be in the date inserted in this block does not meet the a | prior to date of filing | or more than 90 days after | r filing.) Pursuant to 605.0 |
| ument's effective date on the Department of State's rec | ords. | mile redementaris, m | na date wit not be dizted |
| | | | • |
| cord specifies a delayed effective date, but not an effect | tive time, at 12:01 a | m. on the earlier of: (| b) The 90th day after t |
| filed. | | | • |
| | | | |
| d JANUARY 14TH , 2025 | | | |
| - D. | | | |
| | 400 | | |
| Signature of a member of | Bull with the Tenresent | live of a momber | |