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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

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concerning this	matter to	the following:			
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		Certified	Copy		\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
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Mailing Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

to the last	
PIPS OVER WAGES LLC 2022 MID.	
Pips OUER WAGES LLC (Name of the Limited Liability Company as it now appears on our records) 14 PH 4: (A Florida Limited Liability Company)	12
SECRETARY OF STA The Articles of Organization for this Limited Liability Company were filed on	\TF
The Articles of Organization for this Limited Liability Company were filed on	d assigned
Florida document number <u>L11000499580</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
NATOR MONEY HOURS PX LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
(Frincipal office dauress most be A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:	e new registered
agent and/of the new registered office agovess here.	
Niama a CNi ana Danaintamani Azamata	
Name of New Registered Agent:	 _
New Registered Office Address:	
Enter Florida street address	
, Florida,	
City Zip C	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 a	comply with the
provisions of all statutes relative to the proper and complete performance of my duties, and I am familia	ir with and
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address, I hereby confirm that the limited li	iability
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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
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