L22000024534

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T. MATTHEWS FEB 10 2022

COVER LETTER

TO:	Registration Sec Division of Corp		• *	* *
SUBJE	CCT:	Payment	Floor LLC	
		Name of Lim	ited Liability Company	
The end	closed Articles of A	Amendment and fec(s) are sub	omitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		mar	Name of Person	
			Firm/Company	
		11822	Watercrest lane	_
		ВОСА	Raton FL 33498 City/State and Zip Code	<u>, , , , , , , , , , , , , , , , , , , </u>
		E-mail address: (to be used for future annual report notification)	
For fur	ther information co	oncerning this matter, please co	all:	
	Name of	2uhen Person	at (Slo1) 284-1889 Area Code Daytime Telephone	Number
Enclose	ed is a check for th	e following amount:		
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, lertificate of Status & lertified Copy dditional copy is enclosed)
	Mailing Address		Street Address:	
	Registration S Division of Co		Registration Section Division of Corporations	
	P.O. Box 632		The Centre of Tallahasse	e

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

22 500 -2 84 2:10

0.0	2210.72 10 5.10
Payment (Name of the Limited Liab)	Floor LLC Ility Company as it now appears on our records.) Ida Limited Liability Company)
The Articles of Organization for this Limited Liability	
Florida document number <u>L 2200002453</u>	<u>역</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new register</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	ed 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>	Name	Address	Type of Action
MGR	Rubic Consulting Inc	11822 watercrest Lanc	□ Add
		Boca Raton PL 33498	□Remove
			BChange
<u> </u>	Wyvern Capital Inc	11822 watercrest Lane	□Add
		Bog Raton FL 33498	
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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an effect lote: If	e date, if other than the dive date is listed, the date must be the date inserted in this blockt's effective date on the Dep	be specific and co ok does not me	annot be prior to et the applicat	date of filing or mo	re than 90 days after fi	ling.) Pursuant to 605.02	207 (as t
record s	specifics a delayed effective	date, but not a	n effective tim	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the	ае
	January 2-	7	2022	_ ·			
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ated	× Imm !	ignature of a me	mber or authori	zed representative (if a member		

Filing Fee: \$25.00