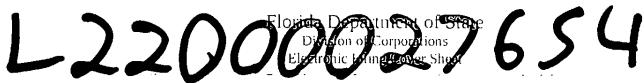
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number . I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_____



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Corporate Filing Menu

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CU1 - 3 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAYXPS FINANCE, LLC	tod Liability Common at It now appear	Landaue rayonda)
1. Addit of the Lam	ted Liability Company as it now appear (A Florida Limited Liability Company)	Soli out (COIUS)
The Articles of Organization for this Limited L	iability Company were filed on 01/	12/22 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :
Shefah Ventures LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		:
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ņ
		.11
B. If amending the registered agent and/or agent and/or the new registered office addresses.	• •	ecords, enter the name of the new registe
Name of New Registered Agent:	Registered Agents Inc	
New Registered Office Address:	7901 4th St N STE 300	
Control of the Contro	Enter Flor	ida street address
	St. Petersburg	Florida
	Cup	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 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.

Dovid Seerts

If Changing Registered Agent, Signature of New Registered Agent

10/2/2023 08 31:44 PDT .

To 18506176383

Page, 3/4

From: Registered Agents Inc.

Fax: 8134365206

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
			DAdd
			CRemove
			□Change
			Cadd
			©Remove
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			⊡Remove
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Effective date, if other than the da (It an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	k does not meet the ap	oplicable statutory tiling	requirements, this date wil	usuant to 605,0207 (3 I not be listed as the
he record specifies a delayed effective d ord is filed.	late, but not an effecti	ve time, at 12:01 a.m. o	n the earlier of: (b) The 9	0th day after the
Dated October 2	2023			
	Robe			

Typed or printed name of signee