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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: FICH CA	asa tracishawisx	LLC	
Sobrice. Trefices	ASA tracishawit x Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Laith Alsur	Name of Person	***
		Name of Person	
		Firm/Company	
	4001 e Vegrus	Address	
	1414111	33604 City/State and Zip Code	
		16 to 17 5 (0 @Grucil. C	
For further information c	oncerning this matter, please ca		
No.	f Person	at () Area Code Daytin	Talashar Vinahar
Name o	rerson	Area Code Dayun	ie Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations
		Tallahassee, FI	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records)
(A Florida Limited L	hability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2200026000}{}$	were filed on 1-9-23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
SPay KS (US 70m 5 Co LLC The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
- 	, Florida
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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
<u>_</u>			
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Note:	feetive date, if other than the date of filing:
е гесо	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
rd is f	1-9-2.23
rd is f	1-9-2.23

Filing Fee: \$25.00