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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
ORLANDO Subject: _	MERCHANT SERVICES LI	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	AKIL YISRAEL		
		Name of Person	
	FOCUS 9 ENTERPRISES	LLC	
		Firm/Company	
	2728 ENTERPRISE RD S	UITE 200	
		Address	
	ORANGE CITY, FL 3276	3	
		City/State and Zip Code	
	AYISRAEL@FOCUS9EN		
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
AKIL YISRAEL		386 259-9900 at ()	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for th	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 Addres		Street Address:	ation.
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO MERCHANT SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A riorida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 10/03/2022	and assigned
Florida document number L22000426675		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" 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)	address MAY BE A POST OFFICE BOX)	ا ادع ادع
P. If would the standard to th		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	r the name of the new registers
		HIO: 59
Name of New Registered Agent:		17 <u>9</u>
New Registered Office Address:		
	Enter Florida street addre	ess
	, F	lorida
New Registered Agent's Signature, if changing Registered Agent.	•	Zip Code
	_	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, a provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is
	nging 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>	<u>Address</u>	Type of Action
MGR	ANYELLA DANIELA NIETO	10779 SPRING BROOK LANEORLANDO, FL 328	325 = Add
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		-	□Change
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fective date, if other (han the date of filing	;:	(optional) s after filing.) Pursuant to 605.02
on effective date is listed, the oter. If the date inserted ocument's effective date	in this block does not m	ieet the applicable star	f filing or more than 90 day autory filing requirement	s after filing.) Pursuant to 605.02 s, this date will not be listed a
record specifies a delayed is filed.	d effective date, but not	an effective time, at 1	2:01 a.m. on the earlier	of: (b) The 90th day after th
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ated OCTOBER 06	<u>/</u>	2022 		
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11	> 16			

Filing Fee: \$25.00

Typed or printed name of signee