M07000000789

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requ	iestor's Name)	
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Office Use Only



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COVER LETTER

TO: Registration So Division of Con		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	PHILIP SECONTI Name of Person	
	MELCHANT GATEWAY	
	MELCHANT CATEWAY Firm/Company 13013 BOCA CEGA AVE Address MADERA BEACH, FL 33707 City/State and Zip Code PHIL O MELCHANT CATEWAY: COM E-mail address: (to be used for future annual report notification)	
	MADEIRA BEACH, FL 3370r	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Name o	at () of Person	
Enclosed is a check for the	he following amount:	
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	ed)

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



July 26, 2013

PHILIP DECONTI 13013 BOCA CIEGA AVE. MADEIRA BEACH, FL 33708

SUBJECT: ASSURANT GLOBAL SERVICES, LLC

Ref. Number: M07000000789

We have received your document for ASSURANT GLOBAL SERVICES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA ENTITY, but your entity is a FOREIGN ENTITY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 913A00018120

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT:	ASSURANT G				
Dear Sir or Madam	· ·		, ••p	,	
Dear Sir or Madam	,				
The enclosed applied	cation, certificate and fee(s) a	are submitted for	· filing.		
Please return all co	rrespondence concerning this	matter to the fo	llowing:		
PHILLP	DECONT! Name of Person				
	Firm/Company			X	2013
13013 B	OCA CIEBA A	IE		F. Comments of the comment of the co	HUE 30
MADEIRA	BEACH, FL 3 City/State and Zip Code	3708		OF STATE	PH 22 39
PHILO ME E-mail address:	LCHANT CATEWAY to be used for future annual	COM report notification	on)		
PHILLD DE	ation concerning this matter, CONT me of Person	at (<u>721</u>)	644- & Daytime T	1338 Telephone Number	
Registration Division of Clifton Bui 2661 Exect	`Corporations		Registration of P.O. Box	of Corporations	
Enclosed is a chec ☐ \$25 Filing Fee	k for the following amount \$30 Filing Fee & Certificate of Status	: \$55 Filing Certified C		2 \$60 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State: ### SERVICES, LLC
2.	Jurisdiction of its organization: DELAWARE
3.	Date authorized to do business in Florida: FEB 8, 2007
	SECTION II (4-7 complete only the applicable changes)
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization?
5.	New name of the limited liability company: MERCHANT GATEWAY COMPANY. "ILL.C.," or PLLC TO COMPAN
Èlo the	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "LLC.")
6.	If the amendment changes the period of duration, indicate new period of duration:
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Signature of a member of the authorized representative of a member PHILI DECORD Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "ASSURANT GLOBAL

SERVICES, LLC", CHANGING ITS NAME FROM "ASSURANT GLOBAL

SERVICES, LLC" TO "MERCHANT GATEWAY LLC", FILED IN THIS OFFICE

ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2013, AT 12:38 O'CLOCK

P.M.

4197369 8100

130091299

AUTHENTICATION: 0227998

DATE: 02-20-13

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 12:38 PM 01/25/2013 FILED 12:38 PM 01/25/2013 SRV 130091299 - 4197369 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

SERVI	Liability Company: ASSURANT GOBAL
The Certificate of follows:	Formation of the limited liability company is hereby
MERCHA	NT GATEWAY LLC
N WITNESS W	HEREOF, the undersigned have executed this Certifi
he	day of
	By: Wildel Cont
	Authorized Person(s)
	Name: PHILIP DECON!