

M090000003482

(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:

cert.

Office Use Only



700294496947

01/24/17--01011--018 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 21 P 4:00+

FILED

S Warren

MAR 01 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2017

MARVIN SAMEL
2200 CORPORATE BLVD NW
SUITE 405
BOCA RATON, FL 33431

SUBJECT: DREW ESTATE LLC
Ref. Number: M09000003482

We have received your document for DREW ESTATE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00001692

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RECEIVE AND PAY, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARVIN SAMEL

Name of Person

2200 CORPORATE BLVD NW

Firm/Company

SUITE 405

Address

BOCA RATON, FL 33431

City/State and Zip Code

TERESA@DELAROSACPAFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESA DE LA ROSA, CPA at (305) 385-1099

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DREW ESTATE, LLC

Enter new principal office address, if applicable: 2200 CORPORATE BLVD NW

(Principal office address

MUST BE A STREET ADDRESS)

SUITE 405

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2200 CORPORATE BLVD NW

SUITE 405

BOCA RATON, FL 33431

2. The Florida document number of this limited liability company is: M09000003482

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 9/3/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: RECEIVE AND PAY, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

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

FILED
FEB 27 P 4:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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 the authorized representative

MARVIN SAMEL, SECRETARY

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 FEB 21 P 4:00

FILED

Delaware

The First State

Page 1

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 "DREW ESTATE LLC", CHANGING ITS NAME FROM "DREW ESTATE LLC" TO "RECEIVE AND PAY LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2014, AT 11:04 O'CLOCK A.M.



4390140 8100
SR# 20170910867

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202065785
Date: 02-20-17

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:21 AM 11/26/2014
FILED 11:04 AM 11/26/2014
SRV 141460200 - 4390140 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Drew Estate LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1. The name of the limited liability company is:

Receive and Pay LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 26th day of November, A.D. 2014.

By: 

Authorized Person(s)

Name: Marvin Samuel

Print or Type