M11000004320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

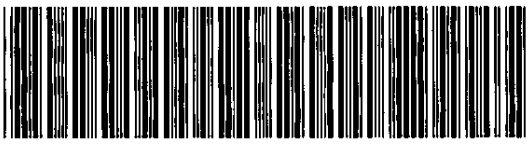
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUN 23 2014

A. LUNT

Office Use Only



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FILED

2014 JUN 16 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T3 PAYMENTS
Name of Foreign Limited Liability Company

2014 APR 16 PM 3:55

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:

MICHAEL GROSS
Name of Person

T3 PAYMENTS LLC
Firm/Company

185 NW SPANISH RIVER BLVD SUITE 205
Address

BOCA RATON, FL 33431
City/State and Zip Code

MICHAEL@FLASHBANC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMY KATZ at (561) 278-8888
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

CR2E055 (12/13)

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

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: T3 PAYMENTS LLC

2. Jurisdiction of its organization: PALM BEACH COUNTY, FL

3. Date authorized to do business in Florida: 8/26/2011

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(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.")

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

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: ADD MGMR

JASON WRIGHT 185 NE SPANISH RIVER BLVD SUITE 205 BOCA RATON, FL 33431

7. Attached is an original 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

AMY KATZ

Typed or printed name of signee

Filing Fee: $25.00

2014 FEB 19 PM 3:13