

M 13000001675

(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:

Office Use Only



200252732342

10/21/13--01034--025 **25.00

FILED
13 NOV 12 AM 11:13
SECURITY OF STATE
HALLANDALE, FLORIDA

11-13

207



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2013

BOBBIE CELLER
3600 FAU BLVD SUITE 101
BOCA RATON, FL 33431

SUBJECT: ELECTRONIC PAYMENT SYSTEMS-GLOBAL, LLC
Ref. Number: M13000001075

We have received your document for ELECTRONIC PAYMENT SYSTEMS-GLOBAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00025106

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **ELECTRONIC PAYMENT SYSTEMS-GLOBAL, LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bobbie Celler

Name of Person

Celler Law, P.A.

Firm/Company

3600 FAU Boulevard, Suite 101

Address

Boca Raton, FL 33431

City/State and Zip Code

bceller@thecellerorganization.com

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

For further information concerning this matter, please call:

Bobbie Celler

Name of Person

at (**561 869-8989**)

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

13 NOV 12 AM 11:13
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION 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: ELECTRONIC PAYMENT SYSTEMS- GLOBAL, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: 2/13/2013

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

4. 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: _____
(must end with "Limited Liability Company," "LLC," 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 end with "Limited Liability Company," "LLC," or "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: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: SEE ATTACHMENT

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 or the authorized representative of a member

BOBBIE CELLER

Typed or printed name of signee

Filing Fee: \$25.00

FILED
NOV 12 AM 11:13
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

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

Electronic Payment Systems – Global, LLC

Ref. Number: M13000001075

November 5, 2013

Section II, 8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

Principal office address:

3600 FAU Boulevard, Suite 101

Boca Raton, FL 33431

Mailing address:

3600 FAU Boulevard, Suite 101

Boca Raton, FL 33431

Registered Agent and Registered Office Address:

Bobbie Celler

3600 FAU Boulevard, Suite 101

Boca Raton, FL 33431

Manager:

Bobbie Celler

3600 FAU Boulevard, Suite 101

Boca Raton, FL 33431

FILED
13 NOV 12 AM 11:13
CLERK OF COURT
TALLAHASSEE, FLORIDA



Signature of a member or authorized representative of a member

Bobbie Celler

Typed or printed name of signee