Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000118201 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEARPAY.APP LLC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

H22000118201

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	NearPay.app LLC		
30DiLC1.	Name of Foreign	Limited Liabi	ility Company
Dear Sir or N	Madam:		
The enclosed	d application, certificate and fee(s)	are submitted (or filing.
Please return	all correspondence concerning this	s matter to the	following:
Jose Reyes			_
	Name of Person		
Capitol Service	ces - Corporate Filings Team		
	Firm/Company	·	
515 East Park	Avenue 2nd Fl		
	Address		
Tallahassee, I	FL 32301		_
	City/State and Zip Code		
	klantic.ca, krista.kendler@aklantic.ca		_
E-mail ad	dress: (to be used for future annual	report notifica	ition)
For further i	information concerning this matter,	please call:	
Jose Reyes		786	980 1246
	Name of Person	Area Code	& Daytime Telephone Number
Reg Div P.O	ling Address: gistration Section gision of Corporations gistration Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc □\$25 Filin	Certificate of Status	amount: \$55 Filing Certified	

H22000118201

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

BUSIN	TESS IN FLORIDA
SECTION	SI (1-4 must be completed) s on the records of the Florida Department of 801 Brickell Avenue, 8th Floor Miami, FL 33131
1. Name of limited liability Company as it appear	s on the records of the Florida Department of
State: NearPay.app LLC	
Enter new principal office address, if applicable:	801 Brickell Avenue, 8th Floor
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Miami, FL 33131
Enter new mailing address, if applicable:	3470 E Coast Ave, Apt H602
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Miami, FL 33137-3990
2. The Florida document number of this limited lie	ability company is: M20000002822
3. Jurisdiction of its organization: Delaware 03/1	11/2020
4. Date authorized to do business in Florida: 03/1	
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: (mu	st contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name .C." or "LLC.")
6. If amending the registered agent and/or registered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	. Florida
	City Zip Code
the provisions of all statutes relative to the prope	rent and agree to act in this capacity. I further agree to comply with or and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this we in the registered office address, I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

. If the amend	ment changes person, une of capacity in a	accordance with 605.0902 (1)(e), indicate that cl	
itle/ Capacity	<u>Name</u>	Address T	ype of Action
Manager	Jose Reyes	3470 E Coast Ave., Apt H602 Miami, FL 33	N: ■Add
			_ □Remove
Authorize	AnythingNear.com LLC - Jose Rey		□Add
			=Remov
			□Add
		<u></u>	CRemov
<u> </u>			_ No Add
			— ERemov
			□Remov
aforementio	a certificate, if required: no more than 9 oned amendment(s), duly authenticated bunder the law of which this entity is org	by the official having custody of records in the canized.	
	Signature o	The authorized representative	

Filing Fee: \$25.00

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 "NEARPAY.APP LLC.", CHANGING ITS NAME FROM "NEARPAY.APP LLC." TO "MEETPARTNER.LOVE LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2022, AT 5:55 O'CLOCK P.M.





Authentication: 203056076 Date: 03-31-22

7891594 8100 SR# 20221171503

H22000118201

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

the 25th day of March A.D. 2022 By:	14mile of Elimes	Liability Company:	NEARPAY	.APP LLC
MeetPartnerlove LLC IN WITNESS WHEREOF, the undersigned have executed this Certifica the 25th day of March A.D. 2022		f Formation of the lin	mited liabilit	ty company is hereby at
the 25th day of March A.D. 2022	The hame of MeetPartner	the Limited La .love LLC	iabilitý	Company is :
Ву:				
the 25th day of March A.D. 2022				
the 25th day of March A.D. 2022				
· · · · · · · · · · · · · · · · · · ·	D. WITNESS V	VHEREOF, the under	riioned have	e executed this Certifica
· · · · · · · · · · · · · · · · · · ·	and the second s	HEREOF, the under	rsigned hav	e executed this Certifica , A.D. 202
	and the second s	HEREOF, the under day of Marc	asigned have	e executed this Certific , A.D. 202
	and the second s	day of Marc	ch	Authorized Person(s)
Name: Jose Reyes	and the second s	day of Marc	ch	Authorized Person(s)

State of Delaware Secretary of State Diriston of Corporations Delivered 05:55 PM 03/15/2022 FILED 05:55 PM 03/15/2022 SR 20221171503 - File Number 7871594