

M24000004630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

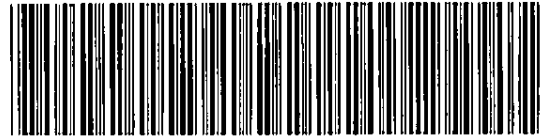
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200441600402

FILED

2025 JAN -2 AM 10:34

TALLAHASSEE, FLORIDA

2025 JAN -2 AM 11:46



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 01/02/2025

Name: Cheyenne Davis

Reference #: 2604302

Entity Name: LUT PAYMENT PROCESSING, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

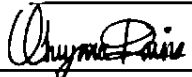
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PayResults, 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:

Patricia Allerton, Paralegal

Name of Person

Dykema Gossett PLLC

Firm/Company

39577 Woodward Avenue, Suite 300

Address

Bloomfield Hills, MI 48304

City/State and Zip Code

michael.andrud@finresults.com

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

For further information concerning this matter, please call:

Patricia Allerton

Name of Person

at (248) 203-0785

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: PayResults, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS) 2400 E. Commercial Blvd, Suite 1200
Fort Lauderdale, FL 33308

Enter new mailing address, if applicable: 2400 E. Commercial Blvd, Suite 1200

(Mailing address
MAY BE A POST OFFICE BOX) Fort Lauderdale, FL 33308

2. The Florida document number of this limited liability company is: M24000004630

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/10/2024

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

5. New name of the limited liability company: Lüt Payment Processing, 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 Zip Code

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

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)(e), indicate that change:

Note address changes for the managers and officers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager VP, and Sec'y/Treasurer	<u>Michael W. Andrud</u>	<u>2400 E. Commercial Blvd Ste 1200</u> <u>Fort Lauderdale, FL 33308</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Manager	<u>David Maccagnone</u>	<u>2400 E. Commercial Blvd Ste 1200</u> <u>Fort Lauderdale, FL 33308</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
President	<u>Todd Fuller</u>	<u>2400 E. Commercial Blvd Ste 1200</u> <u>Fort Lauderdale, FL 33308</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<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.

Michael W. Andrud
Signature of the authorized representative

MICHAEL W. ANDRUD
Typed or printed name of signee

Filing Fee: \$25.00

FILED
2025 JAN - 2 AM 10:34
TALLAHASSEE, FLORIDA

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 "PAYRESULTS, LLC",
CHANGING ITS NAME FROM "PAYRESULTS, LLC" TO "LUT PAYMENT
PROCESSING, LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF
DECEMBER, A.D. 2024, AT 3:36 O'CLOCK P.M.



6746521 8100
SR# 20244641531

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.

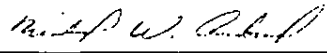
Authentication: 205263012
Date: 12-31-24

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF
PAYRESULTS.AI, LLC**

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:36 PM 12/30/2024
FILED 03:36 PM 12/30/2024
SR 20244641531 - File Number 6746521

1. Name of limited liability company: PayResults, LLC.
2. Article 1 of the Certificate of Formation of the limited liability company is hereby amended in its entirety to read as follows:
 1. The name of the limited liability company is Lüt Payment Processing, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on the 29th day of December, 2024.

By: 
Michael Andrud, Authorized Person