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2020 OCT -2 PH 4: 08 SEGRETARY OF STATE

11/10/20

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: NEIL Payeeship Services, FAC.
DOCUMENT NUMBER: N19000680
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tracey Huddleston (Name of Contact Person)
NEH Payeeship Sewices Inc
3949 Wahoo Dr. SE
Scint Petersburg, FL 33705 (City/ State and Zip Code)
thuddleston ool @ Jahn. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tracey Huddlesth at 727 235.9210 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
·
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certified Copy (Enclosed) □ \$52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

	Articles of Incorporation	FILSO
NEH Payeeship Se	ervices Inc.	FILED 2020 OCT -2 PH 4: 08
N1900000118	3(7)	SECRETARY OF STATE
(Docum	ment Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the	ne corporation:	The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		
B. Enter new principal office address, if application (Principal office address MUST BE A STREET AND ASSETT OF A STREET AND ASSET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) N/A	
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ne name of the
Name of New Registered Agent:	N/A	
New Registered Office Address	(Florida stree	ri address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent: nt. I am familiar with and accept the obliq	gations of the position.
	Signature of New Registered Age	
	Signature ^t of New Registered Age	rnt, if changing

and address of each Offi (Attach additional sheets, Please note the officer/dir P = President; V = Vice F	icer and/or Direct if necessary) rector title by the j resident; T= Trect Chief Financial	first letter of the office title: isurer; S= Secretary; D= Director: TR= Trus Officer. If an officer/director holds more than	tee; C = Chairman or Clerk; CEO = Chief
	ves the corporation	nanner. Currently John Doe is listed as the P. on, Sally Smith is named the V and S. These sh SV as an Add.	
Example: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	PT Fresident)	Tracey Huddleston	3949 Wahou DRSE 51 Detersburg, FI
Remove 2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove 5) Change Add		·	
Remove 6) Change Add		·	
E. If amending or addir (attach additional shee	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
			<u> </u>

,
14 mil + 2/0 2020
The date of each amendment(s) adoption: August 50, 50, 50, 50, 50, 50, 50, 50, 50, 50,
The date of each amendment(s) adoption: All Miles 20, 2020 if other than the date this document was signed. Effective date if applicable: (Indepose than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

ere are no members or members entitled to vote on the amendment(s). The amendment(s) was/were opted by the board of directors.
Dated Auchust 26, 2020 Signature Lucus Juddlustin
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Tracey Hudelleston
(Typed or printed name of person signing)
(Title of person signing)