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A. RAMSEY

2022 SEP 19 AHII: 17

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 960200 4304512					
AUTHORIZATION: Symbolic man					
COST LIMIT : \$\square{35.00}					
ORDER DATE : September 16, 2022					
ORDER TIME : 5:03 PM					
ORDER NO. : 960200-015					
CUSTOMER NO: 4304512					
**					
FOREIGN FILINGS					
NAME: NTHRIVE, INC.					
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY					
XXXX AMENDMENT					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Eyliena Baker EXT#					

EXAMINER: \_\_

### **COVER LETTER**

	t Section Division of Corporation	ons	
<sub>SUBJECT:</sub> nThri	ive, Inc.		
	Name	of Corporation	
DOCUMENT NUM	BER: F20000001795		
The enclosed Amend	ment and fee are submitted for	filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
Denise M. k	Kerschhackl		
	Name of Contact Person		
Sidley Austi	in LLP		
	Firm/Company		
One S. Dea	rborn St.		
	Address		
Chicago, IL	60603		
<del>.</del>	City/State and Zip Code	<del></del>	
compliance	mail@cscglobal.co	om	
E-mail address	to be used for future annual re	port notification)	
For further information	on concerning this matter, pleas	e call:	
Name o	f Contact Person	at () Area Code & Daytime 1	Celephone Number
Enclosed is a check t	or the following amount:		
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

### Mailing Address:

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

### Street Address:

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

#### PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

#### SECTION 1 (1-3 MUST BE COMPLETED)

## Marie Control F20000001795 (Document number of corporation (if known) nThrive, Inc. (Name of corporation as it appears on the records of the Department of State) Delaware (Date authorized to do business in Florida) (Incorporated under laws of) SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) 4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? June 7, 2022 FinThrive, Inc. (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation) (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 6. If the amendment changes the period of duration, indicate new period of duration. (New duration) 7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. (New jurisdiction)

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

9. If the amendment changes person, title or capacity in accordance with 607,1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	Address	Type of Action
Executive Chairman	Payam Taaghol	200 North Point Center East, Suite 400 Alpharetta, Georgia 30022	
			<b>X</b> ⊠Remove
CFO	James Evans	200 North Point Center East, Suite 400 Alpharetta, Georgia 30022	□Add
			<b>XX</b> Remove
<u>CFO</u>	Amir Agan	200 North Point Center East, Suite 400 Alpharetta, Georgia 30022	<b>XX</b> Add
			Remove
Vice <u>President</u>	Behdad Eghbali	200 North Point Center East, Suite 400 Alpharetta, Georgia 30022	KXIAdd
			□Remove
Vice <u>President</u>	Fred Ebrahami	200 North Point Center East, Suite 400 Alpharetta, Georgia 30022	<b>XX</b> Add
SEE ATTACHI	ED		□Remove
10. Attached is a of the applicat under the laws	certificate or document of similar import, evion to the Department of State, by the Secretas of which it is incorporated.  Docusioned by:  Hemant Goul	ridencing the amendment, authenticated not arry of State or other official having custody of	t more than 90 days prior to deliver of corporate records in the jurisdiction
	2F7B48517B1E49B	or, president or other officer - if in the hand ourt appointed fiduciary, by that fiduciary)	s of
Hemant Go		Chief Executive C	Officer
	(Typed or printed name of person signing)	(Title of pers	son signing)

FILING FEE \$35.00

nThrive, Inc.

### Attachment to:

nThrive, Inc. – FL Name Change (FinThrive, Inc.)

Document Number: F20000001795

9. If the amendment changes person, title or capacity in accordance with 607.1504(4), indicate that change: (CONT.)

Title/Capacity	Name	Address	Type of Action
Vice President	Pedro Urrutia	200 North Point Center East, Suite 400 Alpharetta, Georgia 30022	Add

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NTHRIVE, INC.", FILED

A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FINTHRIVE

INC." ON THE SEVENTH DAY OF JUNE, A.D. 2022, AT 6:13 O'CLOCK

P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FINTHRIVE INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2015.



Authentication: 204413952

Date: 09-16-22