10/1/24, 3:44 PM Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

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

<b>Email</b>	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASPIRE LOYALTY TRAVEL SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

- Page: 3 of 5 2024-10-01 13:48:22 CST 12122023573 From: David Thomas

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aspire Loyalty Travel Solutions, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000072670	were filed on April 24, 2015 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: 10000 Avalon Boulevard, Suite 1000		
(Principal office address MUST BE A STREET ADDRESS)	Alpharetta, Georgia 30009	
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	<i>≅</i> + ⊃	
agent and/or the new registered white agoress here.	(1) G <sub>1</sub>	
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.

Docusign Envelope ID: GB04848E-E96F-4119-A71C-F0B94C7AB036
Trainending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

- Page: 4 of 5

<u>Title</u>	Name	Address	Type of Action
MGR	Kyle E. Davis	Kyle E. Davis	🗆 Add
		3537 Kilgallen Court	<b>≅</b> Remove
		Ormond Beach, FL 32174	□Change
AMBR	Bakkt Opco Holdings, LLC	Bakki Opco Holdings, LLC	<b>=</b> Add
		10000 Avalon Boulevard, Suite 1000	□ Remove
		Alpharetta, Georgia 30009	Change
			□ Add
			□Remove
			□ Change
		<del></del>	<u>∵</u> □Add
			Remove
			□ Change
		<u> </u>	
			□Remove
			□Change
			□ Add
			🗀 Remove

2024-10-01 13.48:22 CST

To: - . . Pege: 5 of 5

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If an effective date is listed Note: If the date inser	ner than the date of fi d, the date must be specific rted in this block does n date on the Department	and cannot be prior to o of meet the applicable	late of filing or more tha	n 90 days after fil	ing.) Pur	Suant to 605 not be list	5,0207 .ed as
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	ayen effective date, but						
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