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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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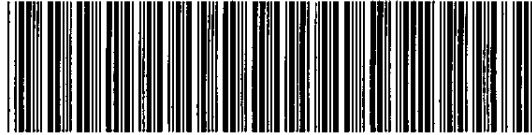
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/12/08--01043--015 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 12 PM 2:22

T. HAMPTON

MAY 13 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXTENSITY RESTAURANTS 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:

ROBERTA HACKER
(Name of Person)

INFOR GLOBAL SOLUTIONS
(Firm/Company)

13560 MORRIS ROAD, SUITE 4100
(Address)

ALPHARETTA, GA 30004
(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA IVEY at (678) 319-8000
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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 APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

08 MAY 12 PM 2:22

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: EXTENSITY RESTAURANTS LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: 07/31/06

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 12/18/07
5. New name of the limited liability company: INFOR RESTAURANT SYSTEMS LLC
(must end with "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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

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

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, 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.


Signature of a member or the authorized representative of a member

MARK HENRY

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "EXTENSITY RESTAURANTS LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "INFOR RESTAURANT SYSTEMS LLC", THE EIGHTEENTH DAY OF DECEMBER, A.D. 2007, AT 7:10 O'CLOCK P.M.



4116617 8320

080420787

You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6524154

DATE: 04-15-08