

MOB 000002548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

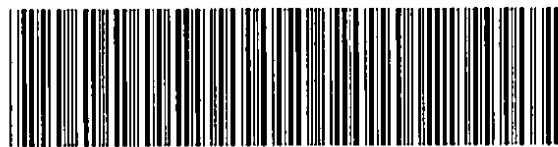
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
FEB 15 2023

Office Use Only



500401993795

FILED  
2023 FEB 14 AM 11:25  
SECRETARY OF  
TALLAHASSEE, FL

RECEIVED  
2023 FEB 14 PM 3:43  
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 498251 4304512

AUTHORIZATION *Eylien Baker*

COST LIMIT : \$ 25.00

ORDER DATE : February 14, 2023

ORDER TIME : 1:56 PM

ORDER NO. : 498251-025

CUSTOMER NO: 4304512

FOREIGN FILINGS

NAME: NTHRIVE REVENUE SYSTEMS, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** nThrive Revenue Systems, 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:

Ellie Windfeld-Hansen

\_\_\_\_\_  
Name of Person

Sidley Austin LLP

\_\_\_\_\_  
Firm/Company

1999 Avenue of the Stars, 17th Floor

\_\_\_\_\_  
Address

Los Angeles, CA 90067

\_\_\_\_\_  
City/State and Zip Code

chris.nester@finthrive.com

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

For further information concerning this matter, please call:

Dan Mulligan

\_\_\_\_\_  
Name of Person

at (678) 323-2500

\_\_\_\_\_  
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:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>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: nThrive Revenue Systems, LLC

Enter new principal office address, if applicable:

200 North Point Center East, Suite 400

(Principal office address

Alpharetta, GA 30022

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

200 North Point Center East, Suite 400

(Mailing address

Alpharetta, GA 30022

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M08000002548

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/30/2008

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

5. New name of the limited liability company: FinThrive Revenue Systems, 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:

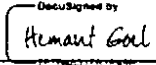
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	TSG Holdco, LLC		<input checked="" type="checkbox"/> Add
CEO	Hemant Goel		<input checked="" type="checkbox"/> Add
CFO	Hemant Goel		<input checked="" type="checkbox"/> Remove
Executive Chairman	Payam Taaghol		<input checked="" type="checkbox"/> Remove
CEO	James Evans		<input checked="" type="checkbox"/> Remove
CFO	Chris Nester		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.

DocuSigned by  
  
 Signature of the authorized representative

Hemant Goel

\_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**

# 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 "NTHRIVE REVENUE SYSTEMS, LLC", CHANGING ITS NAME FROM "NTHRIVE REVENUE SYSTEMS, LLC" TO "FINTHRIVE REVENUE SYSTEMS, LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF JUNE, A.D. 2022, AT 6:13 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

3670488 8100  
SR# 20222650837

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203618965  
Date: 06-07-22

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: nThrive Revenue Systems, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is hereby changed by amending Article FIRST of the Company's Certificate of Formation to read in its entirety as follows:

"FIRST. The name of the limited liability company is FinThrive Revenue Systems, LLC."

**IN WITNESS WHEREOF**, the undersigned have executed this Certificate on the 7th day of June, A.D. 2022.

By: DocuSigned by:  
*Hemant Goel*  
3171E6C94801407...  
Authorized Person(s)

Name: Hemant Goel  
Print or Type

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