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6/28/2016 12:46:58 PM From: To: 8506176383(1/4) Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNGARD SECURITIES FINANCE LLC

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6/28/2016 12:46:58 PM From: To: 8506176383(2/4)

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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: SUNGARD SECURITIES FINANCE LLC

2. The Florida document number of this limited liability company is; M08000005087

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/18/2008

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

(must contain "Limited Liability Company," "LTC.," or LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attack a copy of the written consent of the managets or managing members adopting the alternate name. The alternate name must contain United Liability Company," "L.L.C." or "LLC.") 6. If ameriding the registered agent and/or registered office 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	5. New name of the limited liability company.	FIS SECURITIES FINANCE LLC	Fr. 2
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attack a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain Eduited Lability Company," "LLC." or "LLC.") 6. If amending the registered agent and/or registered office 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:		(must contain "Limited Liability Company,	""["[]:C.," or "[LLC.")
consent of the managers or managing members adopting the alternate name. The alternate name must contain United Liability Company, ""LLC." or "LLC.") 6. If amending the registered agent and/or registered office address on our records, after 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 Klorida			
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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			, 1,1 ²⁶ , D ,2 ²⁰
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Name of New Registered Agent:	the new registered agent and/or the new registered	ered office address here:	at e
New Registered Office Address: Enter Florida Street Address , Florida	•		고의 두
New Registered Office Address: Enter Florida Street Address , Florida	Name of New Registered Agent:		<u> </u>
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Enier Florida Streel Address	New Registered Office Address		
, Florida	New Registered Office Address:		
		Chief Florida Street Address	
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		, Flor	rida

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 Agenx, Signature of New Reaistered Agent

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

PL007 - 04/02/2015 C T Filling Manager Online

Title/ Capacity	Name	Address	Type of Act
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aforemention	certificate, if required: no more that ed amendment(s), duly authenticate nder the law of which this entity is	ed by the official having custod	ly of records in th
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•	Signature of the	authorized representative	
	Marc M. Mayo,		-
	Typed or printed	name of signed	
	Filing Fe	e: \$25.00	

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

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SUNGARD SECURITIES FINANCE LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FIS SECURITIES FINANCE LLC" ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2016, AT 5:17 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTY-FIRST DAY OF JANUARY, A.D. 2016.



Authentication: 202518124 Date: 06-20-16

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