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Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : INC. PLAN (USA)  
Account Number : 120100000017  
Phone : (302) 428-1200  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MACQUAIRIE SOLUTIONS LLC

Certificate of Status	0
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S. HAWKES

AUG 13 2010

EXAMINER

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**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: MACQUAIRIE SOLUTIONS LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 3/9/2010

**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? yes
5. New name of the limited liability company: PAYMENT SOLUTION RESOURCES 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

Caroline Quigley

Typed or printed name of signer

**Filing Fee: \$25.00**

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MACQUAIRIE SOLUTIONS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PAYMENT SOLUTION RESOURCES LLC", THE FOURTH DAY OF AUGUST, A.D. 2010, AT 4:45 O'CLOCK P.M.

FILED  
10 AUG 12 AM 9:04  
OFFICE OF STATE  
TREASURER, FLORIDA

4732044 8320

100802345

You may verify this certificate online  
at <http://dp.delaware.gov/authver.shtml>



*Jeffrey W. Bullock*  
AUTHENTICATION: 8153906

DATE: 08-04-10

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