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COVER LETTER

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·	
SUBJECT: TransFirst, LLC Name of Foreign	Limited Liability Company	
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Attn: April Bailey		
Name of Person		
TSYS		
Firm/Company		ســــ الآن
One TSYS Way, C-1		17 MAR 24 PH 3:
Address		24
Columbus, GA 31901		PH 3
City/State and Zip Code		
abailey@tsys.com		
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this matter, pl	ilease call	
April Bailey	706 649-8149	
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: \$\begin{align*} \text{ \$\text{S}} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Statu Certified Copy	ıs &

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	s on the records of the Flori	ida Department of	
State: TransFirst, LLC			_
Enter new principal office address, if applicable:			_
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- - 7510
2. The Florida document number of this limited lia	bility company is: M140	000004229 第	PM 3: 55
3. Jurisdiction of its organization: Delaware			PK.
4. Date authorized to do business in Florida: 6/1	6/2014	····	بي _ بر
SECTION II (5-9 complete only the applicable of 5. New name of the limited liability company: To (must	SYS Business Solu		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transact naging members adopting t C." or "LLC.")	ting business in Florida and attach he alternate name. The alternate r	n a name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad		cords, enter the name of the new	
Name of New Registered Agent:			_
New Registered Office Address:	Eutov E	lorida Street Address	_
	Enter Fi		
	City	, Florida Zip Code	_
New Registered Agent's Signature, if changing Resiliereby accept the appointment as registered agen		capacity. I further agree to compl	y with

If Changing Registered Agent, Signature of New Registered Agent

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.

itle/ Capacity	le/ Capacity Name Address		Type of Action	
Manager	Maneet Saroya	12202 Airport Way, Ste. 100	Add	
		Broomfield, Colorado 8002	1 Remov	
Manager	Martin Taylor	12202 Airport Way, Ste. 10	0 □Add	
		Broomfield, Colorado 8002	21 Remov	
Member TransFirst Group, Inc.	1393 Veterans Memorial Hwy, Ste. 3	07S 골 Add 갲		
		Hauppauge, New York 11788	ى Remov	
Manager Pamela A. Joseph	Pamela A. Joseph	One TSYS Way	Add	
		Columbus, Georgia 31901	Remove	
Manager Paul Todd	One TSYS Way	Add		
		Columbus, Georgia 31901	Remov	
aforemention	certificate, if required: no more than seed amendment(s), duly authenticated under the law of which this entity is org	by the official having custody of records in the		

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TSYS BUSINESS SOLUTIONS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 202143405

Date: 03-06-17

<u>Delaware</u>

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 "TRANSFIRST, LLC", CHANGING ITS NAME FROM "TRANSFIRST, LLC" TO "TSYS BUSINESS SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2017, AT 1:27 O'CLOCK P.M.

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Jeffrey W. Bullinck, Secretary of State

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:27 PM 02/24/2017
FILED 01:27 PM 02/24/2017
SR 20171233878 - File Number 3302700

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

This amendment to the Certificate of Formation of TransFirst, LLC is being made to change the name of the limited liability company by deleting the text of paragraph "1" thereof in its entirety and replacing it with the following: "The name of the Company is TSYS Business Solutions, LLC."

IN WITNESS WHEREOF, the undersigned person has executed this Certificate of Amendment this 23rd day of February, 2017.

By:

Kathy Moates Secretary