(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:
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DIVISION OF CONFORMIONS

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### **COVER LETTER**

TO:

CR2E055 (9/15)

Registration Section

**Division of Corporations** TeleTech Financial Services Management, 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: Elisa Bogert Name of Person TeleTech, Legal Dept. Firm/Company 9197 S. Peoria St. Address Englewood, CO 80112 City/State and Zip Code elisa.bogert@teletech.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Elisa Bogert 397-8451 Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: S30 Filing Fee & \$55 Filing Fee & S25 Filing Fee \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

### SECTION 1 (1-4 must be completed)

<ol> <li>Name of limited liability Company as it appears to the state: TeleTech Financial Service</li> </ol>		
		OKUSION OF COSTUMATION
Enter new principal office address, if applicable		0 7
Principal office address		
MUST BE A STREET ADDRESS)		
		000 m. M. 190
Enter new mailing address, if applicable:		G. C.
<u>Mailing address</u> MAY BE A POST OFFICE BOX)		
MAT BE A POST OFFICE BOX	<del></del>	
2. The Florida document number of this limited	liability company is: M1500	0005041
3. Jurisdiction of its organization: Delaware	15 0015	
4. Date authorized to do business in Florida: <u>Ju</u>	une 15, 2015	
SECTION II (5-9 complete only the applicabl	e changes)	
5. New name of the limited liability company:		
	•	ompany, ""L.L.C.," or "LLC.")
TTEC Financial Services Manag If name unavailable, enter alternate name adopt		a business in Florida and attach a
copy of the written consent of the managers or n nust contain "Limited Liability Company," "L.I.	nanaging members adopting the	
6. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Flor	ida Street Address
_	City	, Florida Zip Code
	CIŅ	zą Cna
New Registered Agent's Signature, if changing l I hereby accept the appointment as registered ag	gent and agree to act in this cap	acity. I further agree to comply wi
the provisions of all statutes relative to the prop and accept the obligations of my position as reg	er and complete performance of	f my duties, and I am familiar with
document is being filed to merely reflect a chang	and the distriction and office and dis-	and the makes a section of the the thirty

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
tle/ Capacity	<u>Name</u>	Address	Type of Action	
			Add	
			Remov	
			17. JULT	
			PRemov  Remov  DIVISION OF CURIN Remove 11  DIVISION OF CURIN Remove 11  DIVISION OF CURIN REMOVE 11	
			Remove	
			Add	
			Remove	
			Add	
aforemention	certificate, if required: no more that ed amendment(s), duly authenticated nder the law of which this entity is o	d by the official having custody of reco	Remove	

Typed or printed name of signee

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

The Certificate as follows:	of Formation of the limited liability compa	my is hereby a
	e name of the limited liabili any!) is TTEC Financial Servi , LLC.	
	WHEREOF, the undersigned have executeday of	od this Certifica
	By: Clisa B	eart

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TTEC FINANCIAL SERVICES MANAGEMENT, 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 SEVENTEENTH DAY OF JULY, A.D. 2017.

Authentication: 202899082

Date: 07-17-17

3323158 8300 SR# 20175266014