

3/23/2020

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H20000093745 3)))



H200000937453ABC/

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To:

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

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: leigh@penguinpay.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PENGUIN PAY, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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MAR 27 2020

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

Fax Audit H20000093745 3

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: Penguin Pay, LLC

Enter new principal office address, if applicable:

175 Greenwich Street, 59th FloorNew York, New York 10007(Principal office addressMUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

175 Greenwich Street, 59th FloorNew York, New York 10007(Mailing addressMAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is:
- M18000000562

3. Jurisdiction of its organization:
- Delaware

4. Date authorized to do business in Florida:
- 1/18/2018

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

5. New name of the limited liability company:
- Notable Finance, 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 AddressFloridaCityZip CodeNew 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

2020 MAR 26 PM 2:28
FILED

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input 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.

Signature of the authorized representative

Austin Lane, Member

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PENGUIN PAY, LLC",
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NOTABLE
FINANCE, LLC" ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2020, AT
2:57 O'CLOCK P.M.



5697776 8320
SR# 20201637696

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202475131
Date: 02-27-20