M1800006092

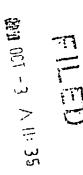
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COVER LETTER

Division of C			
SUBJECT: Fise	erv LS LLC		
		lame of Limited Liab	ility Company
Dear Sir or Madam:			
The enclosed Statemen	n of Correction and fee(s) a	re submitted for filing	.
Please return all corres	spondence concerning this n	natter to the following	:
David Kok	oszka		
	Name of Person		
Fiserv			
	Firm/Company		
6400 Mair	n St		
	Address		•
Amherst, I	NY 14221		
	City/State and Zip Code		•
_	ompliance@F to be used for future annual		-
For further information	n concerning this matter, ple	ease call:	
David Kok	oszka	_{at (} 716	616-5062
Nam	e 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	or the following amount:		
S25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (9/15)			

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document. <u>FIRST</u>: The name of the limited liability company is: Fiserv LS LLC The Florida Document number of the limited liability company is: M1800006092 SECOND: Document to be corrected is: Application for Foreign LLC Registration THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: When Fiserv LS LLC submitted its Application by a Foreign LLC for Authorization to Transact Business in June. 2018, the incorrect EIN was listed. The EIN number for Fiserv LS LLC (LLC Document Number M18000006092) is 82449886 <u>OR</u> \Box Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Signature of Authorized Representative Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)