(3)

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(((H20000282830 3)))



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Fabiana.santin@bptax.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MUXIPAY, LLC

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

Fax Audit H20000282830 3

SECTION	I (1-4 must be completed)
Name of limited liability Company as it appears     State: MUXIPAY, LLC	s on the records of the Florida Department of
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
. Unter page mailing address if applicable:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lia	ability company is: M18000011408
Jurisdiction of its organization: Delaware  A. Date authorized to do business in Florida: 12/1	8/2018
SECTION II (5-9 complete only the applicable	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
· · · · · · · · · · · · · · · · · · ·	, Florida
the provisions of all statutes relative to the proper	egistered Agent; ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with etered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address. I hereby confirm that the limited



If Changing Registered Agent, Signature of New Registered Agent

lle/ Capacity	<u>Narne</u>		Address	Type of Action
_ <del></del>		- <del></del>		□Add
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Attached is a certif aforementioned am jurisdiction under t	endment(s), duly a	uthenticated by the	es old, evidencing the entire of recorded.	☐Removis in the



Page 1

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'MUXIPAY, LLC', FILED

A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'QWIXPAY, LLC'

ON THE TENTH DAY OF AUGUST, A.D. 2020, AT 3:57 O'CLOCK P.M.



Authentication: 203471280

Date: 08-14-20