

6/26/23, 12:01 PM

Division of Corporations

M19000006817

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax authority number (shown below) on the top and bottom of all pages of the document.

((H23000226195 3))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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

Email Address: \_\_\_\_\_

RECEIVED

2023 JUN 26 PM 1:10

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUN 26 PM 12:58

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GLOBAL PAYMENTS CHECK SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

DocuSign Envelope ID: C2448DEA-E204-4B97-A948-7F5CDCA357DB

# 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 on the records of the Florida Department of

State: Global Payments Check Services, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: \_\_\_\_\_

*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M19000006817

3. Jurisdiction of its organization: Illinois

4. Date authorized to do business in Florida: 7/12/2019

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

5. New name of the limited liability company: Pavilion Payments Check Services, 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 Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA  
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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:

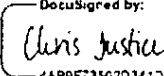
\_\_\_\_\_

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Global Payments Direct, Inc.	6215 W. Howard Street	<input type="checkbox"/> Add
		Niles, IL 60714	<input checked="" type="checkbox"/> Remove
MBR	Pavilion Payments US BuyerCo, LLC	7201 W. Lake Mead Blvd., Ste. 501	<input checked="" type="checkbox"/> Add
		Las Vegas, NV 89128	<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

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 INT. AFFAIRS (F1.0910)

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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.

DocuSigned by:  
  
4AB9F735620341D \_\_\_\_\_  
 Signature of the authorized representative

Christopher Justice

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

File Number 0686985-8



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

GLOBAL PAYMENTS CHECK SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 30, 2018. THIS LIMITED LIABILITY COMPANY CHANGED THEIR COMPANY NAME TO PAVILION PAYMENTS CHECK SERVICES, LLC ON APRIL 04, 2023 APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT.\*\*\*\*\*



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of MAY A.D. 2023 .

Alexi Giannoulis

SECRETARY OF STATE