

R. HUNT  
07/20/25

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 371322 8372848

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : January 15, 2023

ORDER TIME : 1:45 PM

ORDER NO. : 371322-005

CUSTOMER NO: 8372848

AMENDMENT FILING

NAME: TRANSAK USA LLC

XX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - Ext.

EXAMINER'S INITIALS: \_\_\_\_\_

**SUBJECT:** TRANSAK USA LLC

Name of Foreign Limited Liability Company

The enclosed application, certificate and fee(s) are submitted for filing.

## Sami Start

Name of Person

Transak USA LLC

Firm/Company

252 NW 29th St 9th Floor

Address

Miami, FL 33127

City/State and Zip Code

usa@transak.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julietta Vital

at ( 720 ) 4965065

Name of Person

Area Code &amp; Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2

**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: TRANSAX USA LLC

Enter new principal office address, if applicable: 252 NW 29th St 9th Floor, Miami, FL 33127

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

Enter new mailing address, if applicable:

252 NW 29th St 9th Floor, Miami, FL 33127

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

2. The Florida document number of this limited liability company is: M22000006854

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/20/2021

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

5. New name of the limited liability company: \_\_\_\_\_  
(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

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:

Removing members Elisabete Botinas and Robert Start

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Ms.	Elisabete Botinas	3001 N ROCKY POINT DRIVE EAST	<input type="checkbox"/> Add
		TAMPA FL 33607	<input checked="" type="checkbox"/> Remove
Mr.	Robert Start	3001 N ROCKY POINT DRIVE EAST	<input type="checkbox"/> Add
		TAMPA FL 33607	<input checked="" 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

Sami Start

Typed or printed name of signee

Filing Fee: \$25.00