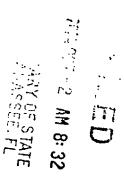
M23000008866

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
· 					
Special Instructions to Filing Officer:					
,					

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/02/2024			
Name:	Patrice Rush	_		
	2476224	<u> </u>		
	BILT PA	YMENTS LLC		
Article	es of Incorporation/Authorization	to Transact Business		
✓ Amen	adment			
Change of Agent				
☐ Reins	statement			
☐ Conve	ersion			
☐ Merge	er			
☐ Disso	lution/Withdrawal			
☐ Fictiti	ous Name			
☐ Other	·	.		
Authorized A	Amount: \$25.00			

F: +852.2682.9790

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 appe	·					
State:BI	ILT PAYMENTS, LLC					
Enter new principal office address, if applicable	i de la companya de					
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	STATE STATE					
2. The Florida document number of this limited	liability company is: M2300008866					
Jurisdiction of its organization:	Delaware					
4. Date authorized to do business in Florida:						
SECTION II (5-9 complete only the applicabl	e changes)					
5. New name of the limited liability company: (m)	f the limited liability company: BILT PAYMENTS LLC (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")					
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and attach a nanaging members adopting the alternate name. The alternate nameC." or "LLC.")					
6. If amending the registered agent and/or registered agent and/or the new registered office	ered 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					
	City Zip Code					
the provisions of all statutes relative to the proper and accept the obligations of my position as regi	gent and agree to act in this capacity. I further agree to comply with er and complete performance of my duties, and I am familiar with istered agent as provided for in Chapter 605, F.S. Or, if this ge in the registered office address, I hereby confirm that the limited					

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendn	nent changes the jurisdiction of organiza	tion, indicate new jurisdiction:		
8. If the amendm	ent changes person, title or capacity in ac	ecordance with 605.0902 (1)(e), indicate tha	t change:	
Title/ Capacity	<u>Name</u>	Address	Type of Action	
SVP	Chris Edwards	31 BOND ST., FLOOR 6	Add	
		NEW YORK, NY 10012	J⊠ Remove	
Chief Growth Off	icer David Wyler	31 BOND ST., FLOOR 6	Add	
		NEW YORK, NY 10012	Remove	
General Counsel	Erick Rabin	31 BOND ST., FLOOR 6	Add	
		NEW YORK, NY 10012	X ⊢Remove	
CCO	Cassie Schwedfeger	31 BOND ST., FLOOR 6	🔀 Add	
		NEW YORK, NY 10012	Remove	
MBR	Bilt Technologies, Inc.	31 BOND ST., FLOOR 6	i⊠ Add	
		NEW YORK, NY 10012	Remove	
aforementione	certificate, if required: no more than 90 or ed amendment(s), duly authenticated by inder the law of which this entity is organ	the official having custody of records in th	e	
	/s/Daniel	Seder he authorized representative	2974	
	Dan	Daniel Seder		
		Fee: \$25.00	MH 8: 32	