

PIL 287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

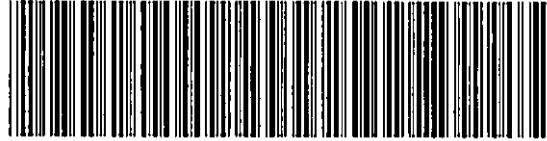
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700429187747

FILED

2024 MAY -9 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 MAY -9 PM 3:31

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

FILED  
2024 MAY -9 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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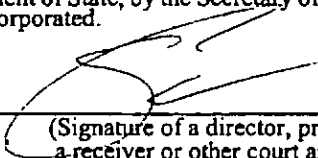
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)  
Shawn Fielder President, CEO & Sec.

(Typed or printed name of person signing)

(Title of person signing)

**FILING FEE \$35.00**  
CSC AMEND-12483



**BEA**

**KANSAS SECRETARY OF STATE  
Business Entity Certificate  
of Amendment**



Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594

(785) 296-4564  
kssos@sos.ks.gov  
https://sos.ks.gov

**1. Business entity ID/file number:**

Not Federal Employer ID Number (FEIN).

2492700

**2. Name of business entity:**

Must match name on record with Secretary of State.

Continental Exchange Solutions, Inc.



**3a. Indicate the type of document to be amended:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Kansas For-Profit Articles of Incorporation (fee \$35)    | <input type="checkbox"/> Kansas Limited Liability Partnership Statement of Qualification (fee \$35)              |
| <input type="checkbox"/> Kansas Not-for-Profit Articles of Incorporation (fee \$20)           | <input type="checkbox"/> General Partnership Statement of Partnership Authority (fee \$35) (Skip to Question 4.) |
| <input type="checkbox"/> Kansas Limited Liability Company Articles of Organization (fee \$35) | <input type="checkbox"/> Foreign Entity Application for Registration (fee \$35 for-profit; \$20 not-for-profit)  |
| <input type="checkbox"/> Kansas Limited Partnership Certificate (fee \$35)                    |  |

**3b. The document indicated above is amended as follows:**

(If additional space is needed please provide an attachment.)

**New Business Name:**

Dandelion Payments, Inc.

~~New Incorporator address:~~

~~7000 Village Drive, Suite 200, Buena Park, California 90621~~

Certified Date: 04/05/2024  
Certificate Number: 20240405-747143

**4. For general partnerships only — Identify the statement to be amended and indicate the amendment to be made:**



## 5. Effective date:

Upon filing with the  
Kansas Secretary  
of StateFuture effective date:  
(Cannot be later than 90 days after  
the date this certificate is filed.)

Month

Day

Year

## 6. Signature(s): Sign in the appropriate section below according to the type of business entity for which the amendment is being filed.

For Kansas corporations, limited liability companies and limited liability partnerships, general partnerships, and all foreign covered entities:

(See below for required signature.)\*

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature

Name of Signer (Printed or Typed)

SHAWN D. FIELDER

\*Kansas entities: Requires the signature of an authorized officer of a corporation, authorized person of a limited liability company or limited liability partnership, or a partner of a general partnership.

\*Foreign covered entities: Requires the signature of an officer, director, authorized person or partner with authority according to the organic documents of the entity in its home state.

## For Kansas limited partnerships only:

(See below for required signature(s).)\*\*

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature of General Partner

Name of Signer (Printed or Typed)

Signature of new General Partner (If amendment adds a new general partner)

Name of Signer (Printed or Typed)

\*\*Kansas limited partnerships: Requires the signature of at least one general partner and by each other general partner who is designated in the certificate of amendment as a new general partner.

Certified Date: 04/05/2024  
Certificate Number: 20240405-742143