

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000016976

**Entity Name:** AFFIRM PAYMENTS, LLC

**Current Principal Place of Business:**

650 CALIFORNIA ST FL 12  
SAN FRANCISCO, CA 94108

**Current Mailing Address:**

650 CALIFORNIA ST FL 12  
SAN FRANCISCO, CA 94108 US

**FEI Number:** 87-3652649

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name AFFIRM, INC.  
Address 650 CALIFORNIA ST FL 12  
City-State-Zip: SAN FRANCISCO CA 94108

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHERINE ADKINS

**SECRETARY/DIRECTOR**

**04/02/2024**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date