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AMD
Michael G. Adams
Kentucky Secretary of State
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**COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE**

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|--|---|------------|
| Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | Amended Certificate of Authority (Foreign Business Entity) | FCA |
|--|---|------------|

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:

| | |
|--|------------------------|
| <input checked="" type="checkbox"/> profit corporation | nonprofit corporation. |
| professional service corporation | business trust |
| limited liability company | limited partnership |
| professional limited liability company | statutory trust |
| limited cooperative association | non-profit LLC |
| other | |
- The name of the company is: Worldpay ISO, Inc.
 (The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Nebraska.
- The entity received authority to transact business in Kentucky on 08/29/2006.
- The entity has changed its (check all that apply)
 - Domicile name to Worldpay ISO and eCommerce, LLC
 - Name to be used in Kentucky to _____
 - Jurisdiction of organization to _____
 - Period of duration _____
 - Form of organization limited liability company
 - Management type: Member managed Manager managed
- This application will be effective upon filing.

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

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|---|-----------------------|----------------------|-------------|
| <i>Jennifer L. Garberich</i> | Jennifer L. Garberich | By Power of Attorney | 01/26/2024 |
| Signature of Authorized Representative | Printed Name | Title | Date |