

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

AMENDED CERTIFICATE OF AUTHORITY
NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Featurespace Inc.
a Foreign Profit Corporation

formed under the laws of the State of **Delaware** and authorized to transact business in Georgia on **10/06/2017**, has amended its application to transact business in this state by the filing of an amendment changing its name to

Featurespace LLC
a Foreign Limited Liability Company

and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **08/15/2025**.



Brad Raffensperger

Brad Raffensperger
Secretary of State



Secretary of State

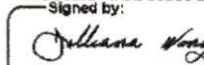
**OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION**

2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

**APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR FOREIGN LIMITED LIABILITY COMPANY**

IMPORTANT: Please provide the entity's primary email address when completing this form.
Primary Email Address: governance@visa.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1.	Featurespace LLC Name of Limited Liability Company	
	upon filing	Name Reservation Number (Optional)
	Date business commenced (or proposed) in Georgia (NOTE: If date provided here is more than 30 days prior to the effective date of this application, a \$500 penalty plus fees must be paid. Penalty is statutory and cannot be waived by Secretary of State.)	
2.	Corporation Service Company Name* of Filing Person	
	251 Little Falls Drive	Wilmington DE 19808
	Address	City State Zip Code
	Filer's Email Address	Telephone Number
3.	Featurespace LLC Name of Limited Liability Company in State or Country of Formation	
	Delaware	July 5, 2017 Perpetual
	Jurisdiction (Home State or Country)	Date of Formation in Home State or Country Period of Duration
4.	1200 Peachtree St. NE, Suite 1000 Address of Principal Place of Business	Atlanta GA 30309
		City State Zip Code
5.	Corporation Service Company Name* of Registered Agent in Georgia	compliance@csccglobal.com
	2 Sun Court, Suite 400	Registered Agent's Email Address
	Registered Office Street Address in Georgia (post office box or mail drop not acceptable for registered office address)	
	Peachtree Corners	Gwinnett GA 30092
	City	County State Zip Code
6.	David Excell Manager's Name* & Address (person with substantial responsibility for managing LLC's business activities)	1200 Peachtree St. NE, Suite 1000, Atlanta GA 30309
		City State Zip Code
7.	900 Metro Center Blvd Address Where Limited Liability Company's Records Are Maintained	Foster City CA 94404
		City State Zip Code
8.	Effective Date: (Choose one) <input checked="" type="checkbox"/> Upon filing <input type="checkbox"/> Delayed effective date and/or time: _____ (A delayed effective date must be within 90 days of the filing date.)	
9.	NOTICE: Mail the following items to the Secretary of State at the above address (1) This application; (2) Fee of \$235.00 (\$225 filing fee + \$10 paper filing service charge) payable to "Secretary of State." Filing fees are non-refundable. This application is signed by a person duly authorized to sign such instruments by the laws of the jurisdiction under which the foreign limited liability company is organized. The foreign limited liability company undertakes to keep its records at the address shown in #7 above until its registration in Georgia is canceled or withdrawn. The foreign limited liability company, in accordance with Title 14 of the Official Code of Georgia Annotated, appoints the Secretary of State as agent for service of process if no agent has been appointed in Georgia or, if appointed, has been revoked or the agent cannot be found or served by the exercise of reasonable diligence.	
	Signed by:  Signature of Authorized Person	7/31/2025 Date
	Jilliana Wong	Assistant Secretary
	Print Name*	Title

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.