

6/18/2014 15:18:30 From: To: 8506176383

Division of Corporations

(1/4)

Page 1 of 1

MO9000002058

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000142686 3)))



H140001426863ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
date of submission 6/16

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RIALTO CAPITAL MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	084
Estimated Charge	\$55.00

FILED
JUN 19 2014
TALLAHASSEE, FLORIDA

14 JUN 16 PM 16:15

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rialto Capital Management, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Buckler

Name of Person

Rialto Capital Management, LLC

Firm/Company

790 NW 107TH AVE, SUITE 400

Address

MIAMI, FLORIDA 33172

City/State and Zip Code

sperequests@rialtocapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Buckler

Name of Person

at 305 229-6675

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

850-817-6381

6/17/2014 8:22:37 AM PAGE 17001 Fax Server



June 17, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RIALTO CAPITAL MANAGEMENT, LLC
730 NW 107TH AVENUE, SUITE 400
MIAMI, FL 33172

SUBJECT: RIALTO CAPITAL MANAGEMENT, LLC
REF: M09000002058

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a Florida LLC Amendment, but your entity is a Foreign LLC Amendment. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000142686
Letter Number: 114A00013041

RE-SUBMIT

Please retain original filing
date of submission 6/16

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Rialto Capital Management, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 6/1/2009

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

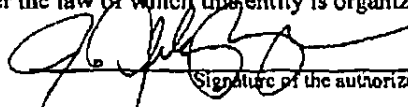
(If name unavailable, enter alternate name adopted for the purpose of transacting business in
Florida and attach a copy of the written consent of the managers or managing members adopting
the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C."
or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate
that change: _____

(Delete, Thekla Salzman, CFO) - (Add, Thekla Salzman CAO) - (Add, Cheryl Balzan, CFO) - (Add, Anthony Seijas, VP)

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Thekla Salzman, CAO

Typed or printed name of signee

Filing Fee: \$25.00

RECEIVED
FLORIDA DEPARTMENT OF
STATE

15 JUN 16 PM 1:15

2014