

NO 9000003533

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

RECEIVED
2019 SEP 24 PM 4:27

FILED
2019 SEP 24 PM 7:42

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MORA WEALTH MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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K SAIY

SEP 25 2019

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

SECTION I (1-4 must be completed)

19 SEP 24 PM 7:42
FILED
TALLAHASSEE, FLORIDA

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MORA WEALTH MANAGEMENT LLC

Enter new principal office address, if applicable: _____

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: _____

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M09000003533

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/08/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: BOREAL CAPITAL MANAGEMENT, LLC
(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.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent


FILED
 19 SEP 24 PM 7:50
 TALLAHASSEE
 FLORIDA

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a 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

Joseph Panholzer, Attorney-in-Fact

 Typed or printed name of signee

Filing Fee: \$25.00

Delaware

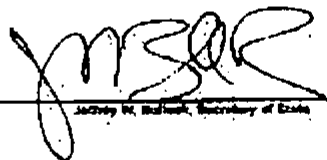
Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MORA WEALTH MANAGEMENT LLC", CHANGING ITS NAME FROM "MORA WEALTH MANAGEMENT LLC" TO "BOREAL CAPITAL MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF JUNE, A.D. 2019, AT 5:52 O'CLOCK P.M.

FILED
19 SEP 24 PM 7:50
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

3133251 8100
SR# 20195572980

Authentication: 203072874
Date: 06-21-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
MORA WEALTH MANAGEMENT LLC**

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:52 PM 06/20/2019
FILED 05:52 PM 06/20/2019
SR 20195572980 - File Number 3133251

Pursuant to Delaware law, the undersigned company adopts the following Certificate of Amendment to its Certification of Formation:

1. The name of the Company is Mora Wealth Management LLC.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

ARTICLE I - NAME:

The name of the limited liability company (the "Company") shall be
Boreal Capital Management, LLC

3. This Amendment to the Certificate of Formation shall become effective upon the filing of same with the Secretary of State of the State of Delaware.
4. Except as hereby amended, the Certificate of Formation shall remain the same.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to Certificate of Formation of Mora Wealth Management LLC as of the 19th day of June 2019.

/s/ Naomi Sakata
Naomi Sakata, Authorized Person

STATE OF DELAWARE
DIVISION OF CORPORATIONS

19 SEP 24 PM 7:50

FILED - 19