

9/24/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H19000286228 3)))



H190002862283ABC5

**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

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: \_\_\_\_\_

**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

Electronic Filing Menu

Corporate Filing Menu

Help

K SAIY

SEP 25 2019

RECEIVED

2019 SEP 24 PM 4:27

19 SEP 24 PM 7:42

FILED

**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)**

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:

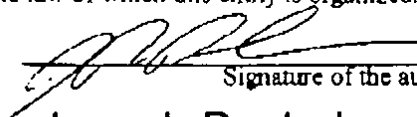
\_\_\_\_\_

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

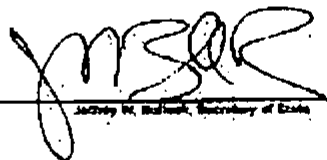
The First State

Page 1

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](http://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 19<sup>th</sup> day of June 2019.

/s/ Naomi Sakata

Naomi Sakata, Authorized Person

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DIVISION OF CORPORATIONS  
STATE OF DELAWARE