MI1000000333

(Requestor's Name)
(Address)
(Address)
(City (Open) (Tity (Discuss 49)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300265500013

10/22/14--01020--004 **30.00

14 OCT 22 PH 4: 12

OCT 2 4 2014 J. HARRIS

COVER LETTER

Registration Section **Division of Corporations** Latmark Asset 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: **Daniel Canel** Name of Person AdCap Asset Management LLC Firm/Company 701 Brickell Avenue Suite 850 Address Miami, Florida 33131 City/State and Zip Code dcanel@ad-cap.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daniel Canel Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee ■ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

'TO:

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: Latmark Asset Management LLC M\\000000333
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: January 24, 2011
SI	ECTION II (4-7 complete only the applicable changes)
4.	New name of the limited liability company: AdCap Asset Management LLC (must contain "Limited Liability Company," "L.L.C.," or "LLC.")
Fl the or	Iname unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." "LLC.") 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:
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 Daniel Canel Typed or printed name of signee
	Filing Fee: \$25.00



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 "LATMARK ASSET

MANAGEMENT LLC", CHANGING ITS NAME FROM "LATMARK ASSET

MANAGEMENT LLC" TO "ADCAP ASSET MANAGEMENT LLC", FILED IN THIS

OFFICE ON THE THIRD DAY OF OCTOBER, A.D. 2014, AT 10:40 O'CLOCK

A.M.

4904513 8100

141259273

AUTHENTY CATION: 1774999

DATE: 10-13-14

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



State of Delaware Secretary of State Division of Corporations Delivered 10:40 AM 10/03/2014 FILED 10:40 AM 10/03/2014 SRV 141259273 - 4904513 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

	article 1. The		
liability	company is Ado	lap Asset Mar	agement LLC
•			
IN WITNESS	WHEREOF, the un	dersigned have ex	ecuted this Certifica
	WHEREOF, the under of Oc	-	ecuted this Certifica
IN WITNESS	•	-	
	•	-	
	day of Oc	-	