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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MORA WM SECURITIES, LLC

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M. SOLOMON

## 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)

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:  3. Jurisdiction of its organization: 4. Date authorized to do business in Florida:  SECTION II (5-9 complete only the applicable changes)  5. New name of the limited liability company:  (must contain "Limited Liability Company," "L.L.C." or "L.C."  (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attact copy of the written consent of the managers or managing members adopting the alternate name. The alternate must contain "Limited Liability Company," "L.L.C." or "L.C.")	
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:  1. Delaware  3. Jurisdiction of its organization:  4. Date authorized to do business in Florida:  1. Delaware  1. Delaware  1. Delaware  2. SECTION II (5-9 complete only the applicable changes)  3. New name of the limited liability company:  1. Delaware  1. Delaware  1. Delaware  2. Delaware  3. Jurisdiction of its organization:  4. Date authorized to do business in Florida:  1. Delaware  2. Delaware  3. Jurisdiction of its organization:  4. Date authorized to do business in Florida:  1. Delaware  2. Delaware  3. Jurisdiction of its organization:  4. Date authorized to do business in Florida:  1. Delaware  1. Delaware  2. Delaware  3. Jurisdiction of its organization:  4. Date authorized to do business in Florida:  5. New name of the limited liability company:  (must contain "Limited Liability Company, ""L.L.C.," or "LLC. (fl name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attack the purpose of the written current of the managers or managing members adopting the alternate name. The alternate representations of the managers or managing members adopting the alternate name. The alternate representations of the managers or managing members adopting the alternate name.	
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:  M12000002615  3. Jurisdiction of its organization:  4. Date authorized to do business in Florida:  SECTION 11 (5-9 complete only the applicable changes)  5. 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 attacknown of the written consent of the managers or managing members adopting the alternate name. The alternate rame of the written consent of the managers or managing members adopting the alternate name. The alternate rame is a second of the managers or managing members adopting the alternate name. The alternate rame is a second of the managers or managing members adopting the alternate name. The alternate rame is a second of the managers or managing members adopting the alternate name. The alternate rame is a second of the managers or managing members adopting the alternate name. The alternate rame is a second of the managers or managing members adopting the alternate name.	
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	h a name
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	_
City , Florida Zip Code	_
City Zip Code	

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
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aforemention	certificate, if required: no more than 90 ed amendment(s), duly authenticated by inder the law of which this entity is organized.	y the official having custody of records in the anized.			
	Signature of	f the authorized representative			

Filing Fee: \$25.00

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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 WM SECURITIES, LLC", CHANGING ITS NAME FROM "MORA WM SECURITIES, LLC" TO "BOREAL CAPITAL SECURITIES, LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF JUNE, A.D. 2019, AT 5:28 O'CLOCK P.M.



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