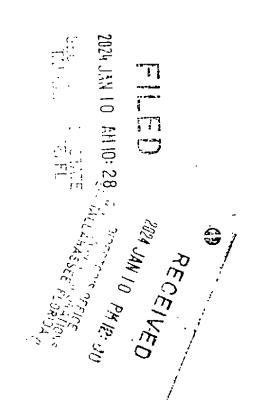
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Special Instructions to Fi	ling Officer:	
Special instructions to 11	ing Officer.	

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:_	01/10/2024	
Name:	Patrice Rush	
	nce #: 2234544	
	Name: CURI R	MB CAPITAL, LLC
	Articles of Incorporation/Authoriza	
V	Amendment	
	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori Signatu	zed Amount: \$25.00	

COGENCY GLOBAL INC. 10 E 40th ST, 10th FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	01/10/2024	
Name:	Patrice Rush	<u></u>
	#:2234544	
	CURI R	MB CAPITAL, LLC
_	les of Incorporation/Authorizat	
✓ Ame	ndment	
☐ Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	er	
☐ Disse	olution/Withdrawal	
☐ Fictit	ious Name	
☐ Othe	r	
Authorized	Amount: \$25.00	
Signature:	(Pull	

P: 800.221.0102

F: 800.944.6607

DEUROPEAN HQ

F: +852.2682.9790

COVER LETTER

TO:	Registration S Division of C				
SUBJ	ECT:	RMB CAPITA	AL MANAGEM	ENT, LI	_C
		Name of Foreig	n Limited Liabili	ity Compa	any
Dear	Sir or Madam:				
The e	nclosed applica	tion, certificate and fee(s)	are submitted for	r filing.	
Please	ereturn all corre	espondence concerning thi	s matter to the fo	ollowing:	
		Laura Flentye			
		Name of Person			
		Firm/Company			
	115 S.	LaSalle Street 34th Flo	oor		
		Address			
		Chicago, IL 60603			
		City/State and Zip Code			
E-r		ep@cogencyglobal.con be used for future annual		on)	
For fi	irther information	on concerning this matter.	please call:		
	Christin	a Marasigan	at (866)		775-0112
	Name	e of Person	Area Code &	& Daytim	e Telephone Number
	Registration S Division of C Clifton Build	orporations ing ve Center Circle		Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314
	sed is a check 5 Filing Fee	for the following amount \$30 Filing Fee & Certificate of Status	:: [] \$55 Filing Certified	-	Sectificate of Status & Certificate Copy

TO:

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

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears of	on the records of the Florida Department of	of
State: RMB CAPIT	AL MANAGEMENT, LLC	·
Enter new principal office address, if applicable:		·
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 J.N. I
2. The Florida document number of this limited liabi		05508
Jurisdiction of its organization:		<u> </u>
4. Date authorized to do business in Florida:	7/14/2015	
SECTION II (5-9 complete only the applicable ch		
5. New name of the limited liability company: (must c	CURI RMB CAPITAL, LL contain "Limited Liability Company," "L	.C .L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or mana must contain "Limited Liability Company," "L.L.C."	ging members adopting the alternate nam	Florida and attach a e. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add		name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Street Ada	lress
	, Florid	a Zip Code
	City	Zip Code
Now Desistand Agent's Cignoture, if shanging Design	stared Agent:	

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

Thereby 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 the amendment ch	anges person, title or capacity in a	ccordance with 605.0902 (1)(e), indicate that	at change:
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
	 		Add
			l Remov
			Add
			Remov
			∐Add
			Remove
	_		
			Remove
			Add
aforementioned amo	cate, if required: no more than 90 andment(s), duly authenticated by e law of which this entity is orga	the official having custody of records in th	Remove
	/s/ Mahe		
		the authorized representative	

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'RMB CAPITAL
MANAGEMENT, LLC', FILED A CERTIFICATE OF MERGER, CHANGING ITS
NAME TO 'CURI RMB CAPITAL, LLC' ON THE TWENTY-NINTH DAY OF
DECEMBER, A.D. 2023, AT 11:47 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JANUARY, A.D. 2024 AT 12:01 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CURI RMB

CAPITAL, LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2005.



Authentication: 202556341

Date: 01-09-24

3907943 8320 SR# 20240073608