

M100000000665

(Requestor's Name)

(Address)

(Address)

(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



500291981945

11/14/16--01030--002 **25.00

FILED

2016 NOV 14 P 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

NOV 16 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACRE Capital 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:

Doug Harvey

Name of Person

Barings Multifamily Capital LLC

Firm/Company

5800 Tennyson Parkway, Suite 200

Address

Plano, Texas 75024

City/State and Zip Code

doug.harvey@barings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doug Harvey

Name of Person

at (469) 440-5701

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**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: ACRE Capital 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: M10000000665

3. Jurisdiction of its organization: Michigan

4. Date authorized to do business in Florida: 2/16/2010

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

5. New name of the limited liability company: Barings Multifamily Capital 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.

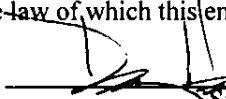
If Changing Registered Agent, Signature of New Registered Agent

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)(e), 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.

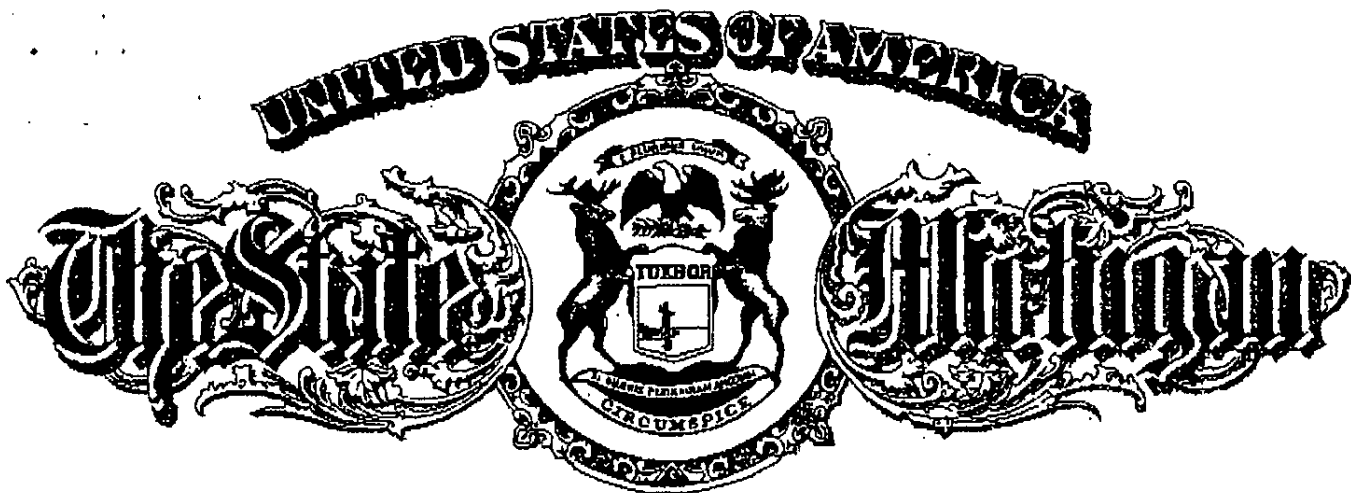


Signature of the authorized representative
Doug Harvey

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2015 NOV 14 P 12:00
SECRETARY OF STATE
TAMPA, FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify

BARINGS MULTIFAMILY CAPITAL LLC

was validly formed as a Michigan domestic limited liability company on August 30, 1999.

I FURTHER CERTIFY that a Certificate of Amendment to the Articles of Organization was filed on September 3, 2013, amending Article I, changing the limited liability company name from EF&A FUNDING, L.L.C. to ACRE CAPITAL LLC

I FURTHER CERTIFY that a Certificate of Amendment to the Articles of Organization was filed on November 9, 2016, amending Article I, changing the limited liability company name from ACRE CAPITAL LLC to BARINGS MULTIFAMILY CAPITAL LLC

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
282526

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 9th day of November, 2016.

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau