# F0100000003550

| (Requestor's Name)      |                    |             |  |  |
|-------------------------|--------------------|-------------|--|--|
| (Ad                     | ldress)            |             |  |  |
| (Ac                     | ddress)            |             |  |  |
| (Cit                    | ty/State/Zip/Phon  | e #)        |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                     | isiness Entity Nai | me)         |  |  |
| (Do                     | ocument Number     |             |  |  |
| Certified Copies        | _ Certificate      | s of Status |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |
|                         |                    |             |  |  |
|                         |                    |             |  |  |
|                         |                    |             |  |  |
|                         |                    |             |  |  |

Office Use Only



200387225812

N/c anend

55 HV - 9 YH II: 08

A. RAMSEY MAY 9 202 DIRECTOR TO THE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 661853 8280280

AUTHORIZATION : XMILLER AND AUTHORIZATION :

COST LIMIT : \$ 43.75

ORDER DATE : May 5, 2022

ORDER TIME : 9:27 AM

ORDER NO. : 661853-005

CUSTOMER NO: 8280280

### FOREIGN FILINGS

NAME: LEUMI INVESTMENT SERVICES INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

### **COVER LETTER**

| TO: Amendment Sec           | tion Division of Corporations         | :                                     |              |                                                                    |
|-----------------------------|---------------------------------------|---------------------------------------|--------------|--------------------------------------------------------------------|
| <sub>SUBJECT:</sub> Leumi I | nvestment Service                     | es Inc.                               |              |                                                                    |
|                             | Name o                                | f Corporation                         |              | · · · · · · · · · · · · · · · · · · ·                              |
| DOCUMENT NUMBER             | R: F01000002550                       | · · · · · · · · · · · · · · · · · · · |              |                                                                    |
| The enclosed Amendmen       | t and fee are submitted for fil       | ing.                                  |              |                                                                    |
| Please return all correspon | ndence concerning this matte          | r to the following                    | :            |                                                                    |
| MaryAnn Maz                 | zeo                                   |                                       |              |                                                                    |
| Nam                         | e of Contact Person                   |                                       | •            |                                                                    |
| Valley Nationa              | ll Bank                               |                                       |              |                                                                    |
|                             | Firm/Company                          |                                       | -            |                                                                    |
| 1455 Valley Re              | oad                                   |                                       |              |                                                                    |
|                             | Address                               |                                       |              |                                                                    |
| Wayne, New J                | ersey 07470                           |                                       |              |                                                                    |
| City                        | y/State and Zip Code                  | <del></del>                           |              |                                                                    |
| mmazzeo@va                  | lley.com                              |                                       |              |                                                                    |
| E-mail address: (to b       | pe used for future annual repo        | ort notification)                     |              |                                                                    |
| For further information co  | ncerning this matter, please of       | call:                                 |              |                                                                    |
| MaryAnn Mazz                | zeo                                   | 973                                   | 305-88       | 00 x4633                                                           |
| Name of Cor                 | ntact Person                          |                                       | & Daytime To | elephone Number                                                    |
| Enclosed is a check for the | e following amount:                   |                                       |              |                                                                    |
| _                           | 43.75 Filing Fee & tificate of Status | ■ \$43.75 Filit<br>Certified Copy     | •            | ☐ \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |

## Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

F01000002550

|                    | (Document number of                                                                            | of corporation (if known)                                             |
|--------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Leumi              | Investment Services Inc.                                                                       | · · · · · · · · · · · · · · · · · · ·                                 |
| ٠٠                 | (Name of corporation as it appears of                                                          | n the records of the Department of State)                             |
| 2. New Y           | ork .                                                                                          | 3 5/11/2001                                                           |
|                    | (Incorporated under laws of)                                                                   | (Date authorized to do business in Florida)                           |
|                    |                                                                                                | TION II<br>HE APPLICABLE CHANGES)                                     |
| 4. If the a incorp | mendment changes the name of the corporation, when was oration? 4/1/2022                       | the change effected under the laws of its jurisdiction of             |
| S. Valley          | Financial Management, Inc.                                                                     |                                                                       |
| (Name<br>not cor   | of corporation after the amendment, adding suffix "corporation in new name of the corporation) | ation," "company," or "incorporated," or appropriate abbreviation, if |
| (Ifncw             | name is unavailable in Florida, enter alternate corporate na                                   | me adopted for the purpose of transacting business in Florida)        |
| 6. If              | the amendment changes the period of duration, indicate nev                                     | v period of duration.                                                 |
|                    | ·                                                                                              |                                                                       |
|                    | (New                                                                                           | duration)                                                             |
| 7. If              | the amendment changes the jurisdiction of incorporation, in                                    | dicate new jurisdiction.                                              |
|                    | (New ju                                                                                        | risdiction)                                                           |
| 8. If the a        | amendment changes the jurisdiction of organization, indicat                                    | e new jurisdiction:                                                   |
|                    |                                                                                                |                                                                       |

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

|     | Title/ Capacity                                             | <u>Name</u>                                                                                                  |                        | <u>Address</u>                                           | Тур                                         | e of Action                                                         |
|-----|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|
|     | <del></del>                                                 |                                                                                                              | _                      | <u>.</u>                                                 |                                             | □Add                                                                |
|     |                                                             |                                                                                                              |                        |                                                          |                                             | □Remove                                                             |
|     | <del></del>                                                 |                                                                                                              |                        |                                                          |                                             | □Add                                                                |
|     |                                                             |                                                                                                              |                        |                                                          | <del></del>                                 | □Remove                                                             |
|     | <del></del> -                                               |                                                                                                              |                        |                                                          |                                             | □Add                                                                |
|     |                                                             |                                                                                                              |                        |                                                          |                                             | □Remove                                                             |
| -   | <del></del> .                                               |                                                                                                              |                        |                                                          |                                             | □Add                                                                |
|     |                                                             |                                                                                                              |                        |                                                          |                                             | □Remove                                                             |
| -   | <del></del> .                                               |                                                                                                              |                        |                                                          |                                             | □Add                                                                |
|     |                                                             |                                                                                                              |                        |                                                          |                                             | □Remove                                                             |
| 10. | Attached is a ce<br>of the application<br>under the laws of | rtificate or document of similar imp<br>in to the Department of State, by the<br>f which it is incorporated. | ort, evid<br>secretary | encing the amendment, au<br>of State or otherofficial ha | thenticated not more aving custody of corpo | than 90 days prior to delivery<br>orate records in the jurisdiction |
|     |                                                             | (Signature of a                                                                                              | director,              | president or other officer tappointed fiduciary, by the  | - if in the hands of                        | <del></del>                                                         |
|     | Joseph Colle                                                | a receiver or o                                                                                              | ther cour              |                                                          | hat fiduciary)<br>sident                    |                                                                     |
|     | (T                                                          | yped or printed name of person sign                                                                          | ing)                   |                                                          | (Title of person sign                       | ning)                                                               |

FILING FEE \$35.00

# STATE OF NEW YORK DEPARTMENT OF STATE

I hereby certify that the annexed copy for VALLEY FINANCIAL MANAGEMENT, INC., File Number 220402001461 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 02, 2022.

Brendan C. Hughes

**Executive Deputy Secretary of State** 

Brandon C Hugles



New York State
Department of State
Department of State
DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE
One Commerce Plaza
99 Washington Ave.
Albany, NY 12231 0001
www.dos.ny.gov

# CERTIFICATE OF AMENDMENT OF THE CERTIFICATE OF INCORPORATION OF

Leumi Investment Services Inc.

Unsert the Current Name of Domestic Corporation)
Under Section 805 of the Business Corporation Law

| If the name of the corporation has been previously changed, the name under which it was originally formed is:   |                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SECOND: The dat<br>8/8/2000                                                                                     | e of filing of the certificate of incorporation with the Department of State is                                                                                                                                                                                                                                                                                            |  |  |  |  |
| The subject matter and full text of<br>FOR EXAMPLE, a certificate of<br>Paragraph <u>FIRST</u> of the Certifica | Iment effected by this certificate of amendment is as follows:  of cach amended paragraph must be stated.  I amendment changing the name of the corporation would read as follows:  the of incorporation relating to the came of the corporation is amended to read in its entirety as follows:  correlled is (new name).  of the Certificate of Incorporation relating to |  |  |  |  |
| The name of the co                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·                                                                           | ·                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| is amended to read in                                                                                           | its entirety as follows:                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |

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Page 1 of 3

| aragraph        | of the Certi          | ificate of Incorporation relating to                                                  |
|-----------------|-----------------------|---------------------------------------------------------------------------------------|
| <del> </del>    |                       |                                                                                       |
| amended to read | in its entirety as fo | ollows:                                                                               |
|                 |                       |                                                                                       |
|                 |                       |                                                                                       |
|                 |                       |                                                                                       |
|                 |                       |                                                                                       |
|                 |                       |                                                                                       |
| OURTH: The      | certificate of amend  | Iment was authorized by: (Check the appropriate bat)                                  |
| The vote of     | the board of directi  | ors followed by a vote of a majority of all outstanding at a meeting of shareholders. |
| The vote of     |                       | ors followed by the unanimous written consent of the                                  |
|                 |                       |                                                                                       |
| x Joseph        | Colleran              | Joseph Colleran                                                                       |
| 0               | (Signature)           | (Nome of Signer)                                                                      |
|                 |                       | President                                                                             |
|                 |                       | (Title of Signer)                                                                     |

## New York State Department of Financial Services

i, Peter C. Dean, Acting Deputy General Counsel, New York State Department of Financial Services, hereby approve, pursuant to the New York Business Corporation Law Section 301(a)(5)(B), as amended, the use of the word or a derivative of the word "finance" in the name of Valley Financial Management, Inc.

THIS APPROVAL DOES NOT CONSTITUTE A LICENSE TO ENGAGE IN ANY PARTICULAR ACTIVITY OR INDICATE A DETERMINATION THAT NO SUCH LICENSE IS NECESSARY. FURTHER, THIS APPROVAL DOES NOT ITSELF OPERATE TO RESERVE THE NAME WITH THE SECRETARY OF STATE.

In Witness Whereof, I have hereunto set my hand and affixed the official seal of the Department of Financial Services this 21<sup>st</sup> day of March 2022.

Peter Dean Deter 20220321 0959-15-04700

Peter C. Dean Acting Deputy General Counsel



## **CERTIFICATE OF AMENDMENT** OF THE **CERTIFICATE OF INCORPORATION** OF

Leuml Investment Services Inc.

(Insert Current Name of Domestic Corporation)

Under Section 805 of the Business Corporation Law

Filer's Name and Mailing Address:

| Mary Ann Mazzeo          |  |
|--------------------------|--|
| Name:                    |  |
| Valley National Bank     |  |
| Company, If Applicable:  |  |
| 1455 Valley Road         |  |
| Mailing Address:         |  |
| Wayne, New Jersey 07470  |  |
| City State and The Code: |  |

#### NOTES:

- 1. The name of the corporation and its date of incorporation provided on this certificate must exactly match the records of the Department of State. This information should be verified on the Department of State's website at www.dos.ny.gov.
- 2. This form was prepared by the New York State Department of State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores.
- 3. The Department of State recommends that all documents be prepared under the guidance of an attorney.
- 4. The certificate must be submitted with a \$60 filing fee.

For Office Use Only

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