

MO3000000049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

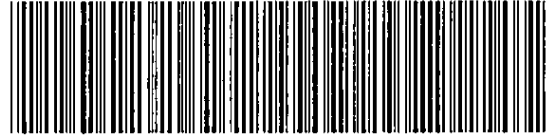
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900337788219

2019 DEC -9 A 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

19 DEC -9 PM 2:01

DEC 10 2019
T. LEBREUX

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 093215 4810936
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 55.00

ORDER DATE : December 9, 2019
ORDER TIME : 11:50 AM
ORDER NO. : 093215-010
CUSTOMER NO: 4810936

FOREIGN FILINGS

NAME: SUNTRUST EQUITY FUNDING, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SunTrust Equity Funding, 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:

Hasana Stanberry

Name of Person

SunTrust Bank

Firm/Company

303 Peachtree Street NE

Address

Atlanta, GA 30308

City/State and Zip Code

hasana.stanberry@suntrust.com

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

For further information concerning this matter, please call:

Autumn Summers

Name of Person

at (404) 572-2418

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

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**

FILED

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 of _____
State: SunTrust Equity Funding, LLC

2003 DEC 9 A 10 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: M03000002049

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/24/2003

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 "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:

The owner of 100% of the membership interests in SunTrust Equity Funding, LLC will change as indicated below.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>SunTrust Banks, Inc</u>	<u>303 Peachtree Street, NE</u>	<input type="checkbox"/> Add
		<u>Atlanta, GA 30308</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>Truist Financial Corporaiton</u>	<u>200 West Second Street</u>	<input checked="" type="checkbox"/> Add
		<u>Winston-Salem, NC 27101</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<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.

Hasana Stanberry for SunTrust Banks, Inc.

Signature of the authorized representative

Hasana Stanberry for SunTrust Banks, Inc. - Sole Member

Typed or printed name of signee

Filing Fee: \$25.00