### 31 TA

# M05000003/

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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DEPARTMENT OF SO

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	120000000	)195
REFERENCE	:	635191	7684447

AUTHORIZATION

COST LIMIT : (\$\^25.0)

\_\_\_\_\_\_

ORDER DATE : May 19, 2015

ORDER TIME : 5:58 PM

ORDER NO. : 635191-055

CUSTOMER NO: 7684447

#### FOREIGN FILINGS

NAME: UPRR SECURITIES, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

### 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: UPRR Securities, LLC
2. The Florida document number of this limited liability company is: M0500000921
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 02/22/2005
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: Keane Financial, 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 office 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 Floridu 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.
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Title/ Capacity	Name	<u>Address</u>	Type of Action
			☐ Remove
			□ Add
	***		□ Remove
			□ Add
	-		Remove
·			D Add
	-		☐ Remove
			Add
	-		□ Remove

Signature of the authorized representative

Phillip Fitzsimmons, Manager

Typed or printed name of signee

Filing Fee: \$25.00

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "UPRR SECURITIES,

LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "KEANE

FINANCIAL, LLC", THE THIRTIETH DAY OF DECEMBER, A.D. 2014, AT

11:35 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 DISSOLVED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

3836528 8320

150725421

UTHENTICATION: 2395695

DATE: 05-20-15

You may verify this certificate online at corp.delaware.gov/authver.shtml