MD80000016

(Requestor's Name)
(Address)
· · · · · · · · · · · · · · · · · · ·
(Allered)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



500267689325

DEPARTMENT OF STATE

MAR 02 2015 AS YOUNG

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 51,8,711 REFERENCE : AUTHORIZATION) COST LIMIT \$ 25.00 ORDER DATE: February 27, 2015 ORDER TIME : 3:47 PM ORDER NO. : 518711-010 CUSTOMER NO: 4373439 FOREIGN FILINGS NAME: BLUMBERG CAPITAL PARTNERS, 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: Courtney Williams -- EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blumberg Capital Partners, I	LC
Name of Foreign Limited Liab	oility Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted to	for filing.
Please return all correspondence concerning this matter to the	following:
Vicki Rosa	
Name of Person	_
Blumberg Capital Partners	
Firm/Company	-
255 Alhambra Cir. Ste 1100	
Address	田一
Coral Gables, FL 33134	
City/State and Zip Code	
vrosa@blumbergcapitalpartners.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Patricia Gunn at (212	836-2264
Name of Person 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: \$\Bigsim \frac{\$25\$ \text{ Filing Fee}}{\$25\$ \text{ Filing Fee}} \Bigsim \frac{\$30\$ \text{ Filing Fee & Certificate of Status}}{\$Certified 60}\$	•

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 D	epartment of			
State: Blumberg Capital Partners, LLC				
2. The Florida document number of this limited liability company is: MO800000	0916			
3. Jurisdiction of its organization: Delaware	<u> </u>			
4. Date authorized to do business in Florida: February 25, 2008	7.23 B			
SECTION II (5-9 complete only the applicable changes)	27			
5. New name of the limited liability company: Blumberg Partners, LLC (must contain "Limited Liability Company," "L.L.C	The state of the s			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a co- consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limi Company," "L.L.C." or "LLC.")	py of the written ted Liability			
6. If amending the registered agent and/or registered officer address on our records, entended 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	er the name of			
, Florida	, Florida			
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 comply with the provisions of all statutes relative to the proper and complete performanduties, and I am familiar with and accept the obligations of my position as registered approvided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a pregistered office address, I hereby confirm that the limited liability company has been rewriting of this change. If Changing Registered Agent, Signature of New Registered Agent	nce of my gent as change in the			
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:				

Title/ Capacity	<u>Name</u>		Add	ress	Type of Action
/ <u>P</u>	Peter H. Blumberg	255 Al	hambra	Circle Ste.	1100 XI Add
		Coral	Gables,	FL 33134	□ Remove
					Add
					□ Remove
					□ Remove
					
					Remove
					☐ Add
					□ Remove
aforementic	a certificate, if required: no more oned amendment(s), duly authent under the law of which this entit	icated by t	e official		records in the
	Signature o	of the authoriz	ed represent	ative	
	Philip F. Blum	phora			

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 THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "BLUMBERG CAPITAL

PARTNERS, LLC", CHANGING ITS NAME FROM "BLUMBERG CAPITAL

PARTNERS, LLC" TO "BLUMBERG PARTNERS, LLC", FILED IN THIS OFFICE

ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2015, AT 11:55

O'CLOCK A.M.

FILEU 15 FEB 27 M I2 02 SECRET TO THE BUILD

4191367 8100

150282273

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2157070

DATE: 02-27-15

State of Delaware Secretary of State Division of Corporations Delivered 12:39 PM 02/27/2015 FILED 11:55 AM 02/27/2015 SRV 150282273 - 4191367 FILE

CERTIFICATE OF AMENDMENT

OF

BLUMBERG CAPITAL PARTNERS, LLC

The undersigned, desiring to amend the Certificate of Formation of Blumberg Capital Partners, LLC (the "Limited Liability Company"), pursuant to the provisions of the Delaware Limited Liability Company Act, does hereby certify as follows:

FIRST: Article First of the Certificate of Formation of the Limited Liability Company is hereby amended and restated in its entirety to read:

"FIRST: The name of the Limited Liability Company is "Blumberg Partners, LLC".

SECOND: This amendment is effective upon filing.

IN WITNESS WHEREOF, the undersigned executed this Amendment to the Certificate of Formation on this 27th day of February, 2015.

/s/ Philip F. Blumberg

Name: Philip F. Blumberg

Title: Sole Member