

5/3/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DJM ASSET MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

MAY - 4 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

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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
DJM Asset Management, LLC
State: _____

Enter new principal office address, if applicable: _____

c/o Gordon Brothers Group, LLC

Prudential Tower, 800 Boylston Street, 27th Floor

(Principal office address)

MUST BE A STREET ADDRESS)

Boston, MA 02199

Enter new mailing address, if applicable: _____

c/o Gordon Brothers Group, LLC

Prudential Tower, 800 Boylston Street, 27th Floor

(Mailing address)

MAY BE A POST OFFICE BOX)

Boston, MA 02199

M08000002549

2. The Florida document number of this limited liability company is: _____

Delaware

3. Jurisdiction of its organization: _____

05/30/2008

4. Date authorized to do business in Florida: _____

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

GBRE Asset Management, LLC

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "LLC," 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," "LLC," 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

SECRETARY OF STATE
JAMES TANKS III
1411 LA MASS ST. FLOOR 10
TALLAHASSEE, FL 32310-0001

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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

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 ~~knowledge~~ this entity is organized.

Leslie Zmugg

Signature of the authorized representative
Leslie Zmugg, Manager

Typed or printed name of signee

Filing Fee: \$25.00

2021 MAY -3 PM 12:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DJM ASSET MANAGEMENT,
LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO
"GBRE ASSET MANAGEMENT, LLC" ON THE TWENTY-NINTH DAY OF JANUARY,
A.D. 2021, AT 3:32 O'CLOCK P.M.



2946561 8320
SR# 20211542185

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203103712
Date: 04-30-21