Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations		E-SUBMIT*
From:	Account Name : C T COR Account Number : FCA0000 Phone : (850)20 Fax Number : (850)87	PORATION OF S 100023 15-8842	tain original filing submission 1/17
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OF STATE FLORIDA TTC W	MND/RESTATE/CORRE NIA SECURITII	ES, LLC	ST V
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	Estimated Charge	\$25.00	JUL 2 8 2015
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Electronic Filing Menu

Corporate Filing Menu

Help

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 Com	pany as it appears on the records	of the Florida Department of
State: NIA Sec	urities, LLC	41-1-1-1-1
2. The Florida document number of the		109000000253
3. Jurisdiction of its organization:	New Jersey	
4. Date authorized to do business in I	Florida: 01/20/20	009
SECTION II (5-9 complete only the	applicable changes)	·
5. New name of the limited liability of	ompany: MMA Secur	y Company, ""L.L.C.," or "LLC")
(If name unavailable, enter alternate name adopted consent of the managers or managing members ad Company," "L.L.C." or "L.L.C.") 6. If amending the registered agent an	opting the alternate name. The alternate nam	e must contain "Limited Liability Contains "Liability Contains "Li
the new registered agent and/or the ne	^	
Name of New Registered Agent:	C7 Corporation	五字 💘
New Registered Office Address:	1200 South Pine Islan Enter Floridu St	
	Plantation	, Florida
·	Citi	Zip Code
New Registered Agent's Signature, if I hereby accept the appointment as recomply with the provisions of all state duties, and I am familiar with and acceptovided for in Chapter 605, F.S. Or, registered office address, I hereby conwriting of this change.	gistered agent and agree to act in ites relative to the proper and con sept the obligations of my position if this document is being filed to t	nplete performance of my 1 as registered agent as merely reflect a change in the
•	If Changing Registered Agent, Signature of N	ich Registered Agent
7. If the amendment changes the juris	• • • • • • • • • • • • • • • • • • • •	•
NIA		

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	ificate, if required; no more tha	ificate, if required: no more than 90 days old, evidencing the

Filing Fee: \$25.00

STATE OF NEW JERSEY DEPARTMENT OF TREASURY CERTIFICATE OF NAME CHANGE

MMA SECURITIES LLC

I, the Treasurer of the State of New Jersey, do hereby certify, that on MAY 12,2015, a name change certificate was duly filed in this office, changing the business name from NIA SECURITIES,LLC to:

MMA SECURITIES,LLC

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Certificate Number: 136806057 '
Verify this certificate online ut

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of June, 2015

Andrew P Sidamon-Eristoff
Treasurer