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 : (850)222-1092 Fax Number : (850)878-5368

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 NORTHWESTERN MUTUAL REAL ESTATE INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

https://efile.sunbiz.org/scripts/efilcovr.exe

1/16/2015

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Northwestern Mutual Real Estate invest	tments, LLC		
Name of Foreign	Limited Liabili	ity Compa	ny
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) a	re submitted fo	r filing.	
Please return all correspondence concerning this	matter to the fo	ollowing:	
Jenny Potters			
Name of Person			
Northwestern Mutual Life Insurance Company			
Firm/Company			
720 East Wisconsin Avenue, Room S650			
Address			
Milwaukee, WI 53202			
City/State and Zip Code			
jennypotters@northwesternnutual.com			
E-mail address: (to be used for future annual	report notificati	on)	
For further information concerning this matter, ;	please call:		
Jenny Potters	at {414	665-2272	
Name of Person	Area Code	& Daytime	Telephone Number
Registration SectionRegistration SecDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 6327		of Corporations	
Enclosed is a check for the following amount: \$25 Filing Fee \$\simeq\$ S30 Filing Fee & Certificate of Status CR2E055 (12/13)	: \$55 Filing Certified C		□ \$60 Filing Fce, Certificate of Status & Certified Copy

PILED 2015 JAN 16 AN D: 43 SECRETARY OF STATE AND ASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

١.	Name of limited liability Company as it appears on the records of the Florida Department of State: Northwestern Mutual Real Estate Investments, LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 5/31/2011 ECTION II (4-7 complete only the applicable changes) New name of the limited liability company: Northwestern Mutual Investment Management (must contain "Limited Liability Company, ""LLC." or "LLC.")
SI	ECTION II (4-7 complete only the applicable changes)
4.	New name of the limited liability company: Northwestern Mutual Investment Management (must contain "Limited Liability Company, ""LL.C.," or "LLC.")
C	ompany, LLC
the or 5.	orida and attach a copy of the written consent of the managers or managing members adopting a liternate name. The alternate name must contain "Limited Liability Company," "L.L.C." "LLC.") If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
<u> </u>	If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
7.	Attached is an original 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. Signature of the authorized representative Gary M. Hewitt Typed or printed name of signee
	· › Lea at la mana attach

Filing Fce: \$25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NORTHWESTERN MUTUAL REAL ESTATE INVESTMENTS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NORTHWESTERN MUTUAL INVESTMENT MANAGEMENT COMPANY, LLC", THE SEVENTEENTH DAY OF DECEMBER, A.D. 2014, AT 1:11 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2015, AT 12:01 O'CLOCK A.M.

150058699

DATE: 01-15-15