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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bt	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Eiling Officer	
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

D SCOTT MAY 6 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 748553 7736440

AUTHORIZATION : Justice Na.

COST LIMIT : \$ 25.00

ORDER DATE : May 2, 2019

ORDER TIME : 5:49 PM

ORDER NO. : 748553-005

CUSTOMER NO: 7736440

FOREIGN FILINGS

NAME: AAG CAPITAL MARKETS LLC

	CORPORAT JIMITED JIMITED	PART		-	PANY	7		
XXXX AM	IENDMEN'I	7						
PLEASE	RETURN	THE	FOLLOW	IN G	AS	PROOF	OF	FILING:
XX	-	STAM	COPY IPED COI 'E OF GO	-	STA	NDING		

CONTACT PERSON: Lydia Cohen -- EXT#

EXAMINER: ____

COVER LETTER

Registration Section Division of Corporations SUBJECT: AAG Capital Markets LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisa Baptiste 476-2383 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee \$30 Filing Fee & ☐ \$55 Filing Fee & ■ \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & **Certified Copy**

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CR2E055 (9/15)

TO:

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	s on the records of the Florida Department of		
State: AAG Capital Markets LLC			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address		7	22 mg
MAY BE A POST OFFICE BOX)		ē.	
		ا پس _ا ستو	
2. The Florida document number of this limited lia	bility company is: M13000001830		\\ \tag{\frac{1}{2}}
3. Jurisdiction of its organization: Delaware		. •	15
4. Date authorized to do business in Florida: 03/	/22/2013		
SECTION II (5-9 complete only the applicable of	_	re II (C
5. New name of the limited liability company: C (mus	t contain "Limited Liability Company, " "L.L	.C.," or	"LLC.")
`	• • •		,
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate name.		
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent agent and/or the new registered agent agen	ed officer address on our records, <u>enter the na</u> ddress here:	ime of th	<u>ie new</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida Street Addr	ess	
_	, Florida	— Zip C	
	City	<i>Lip</i> L	oae
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I further and complete performance of my duties, and tered agent as provided for in Chapter 605, F in the registered office address, I hereby con	i I am fai E.S. Or, i	miliar with f this

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
le/ Capacity	<u>Name</u>	Address	Type of Actio	
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aforementione	der the law of which this entity is organi	he official having custody of records in the	Remove	

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'AAG CAPITAL MARKETS LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CARLYLE AVIATION SECURITIES PARTNERS LLC" ON THE NINETEENTH DAY OF DECEMBER, A.D. 2018, AT 3:50 O'CLOCK P.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 REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARLYLE AVIATION SECURITIES PARTNERS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2013.





Authentication: 202755126 Date: 05-02-19

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