

M14000004024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

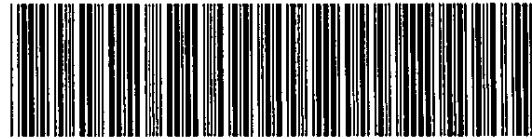
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Point Break Capital Management 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:

Gabriel Crestian Cunha

Name of Person

Point Break Capital Management LLC

Firm/Company

3550 Biscayne Blvd. STE 600

Address

Miami, FL 33137

City/State and Zip Code

compliance@pointbreakcm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Crestian Cunha

at (786) 703-8218
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:

☒ \$25 Filing Fee ☐ \$30 Filing Fee &
Certificate of Status ☐ \$55 Filing Fee &
Certified Copy ☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**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
State: Point Break Capital Management LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M14000004024

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/17/2014

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

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," 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," "L.L.C." 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

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TALLAHASSEE, FLORIDA

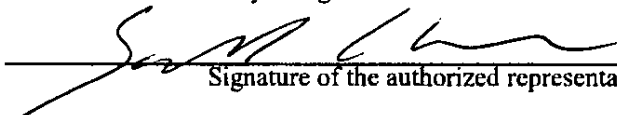
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Add Gabriel Crestian Cunha as a MGR.

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|------------------------|-----------------------------|---|
| MGR | Gabriel Crestian Cunha | 3550 Biscayne Blvd. STE 600 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33137 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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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 jurisdiction under the law of which this entity is organized.


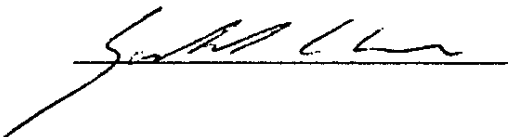

Signature of the authorized representative
Gabriel Crestian Cunha
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

**CERTIFICATE OF INCUMBENCY
OF
POINT BREAK CAPITAL MANAGEMENT LLC**

The undersigned, a member of Point Break Capital Management LLC, a Delaware limited liability company (the "Company"), does hereby certify that the persons named below have been duly elected and appointed, and this day are all of the managers of the Company, authorized to represent and act on behalf of the Company, and the signatures set forth opposite each person's name is his genuine signature.

| <u>Name</u> | <u>Office</u> | <u>Signature</u> |
|-------------------------------|---------------|---|
| Alexandre José da Costa Pérez | Manager |  |
| Gabriel Crestian Cunha | Manager |  |

IN WITNESS WHEREOF, the undersigned have signed this Certificate of Incumbency this 25th day of April, 2017.

MANAGER:
Alexandre José da Costa Pérez



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Florida

County of Dade

On this 28th day of September, 2017 before me personally came, Gabriel Crestian Cunha to me known to be the person described in the document above.

Signature of notary public

