## MH000007160

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



900424364299

N/C & Amend

SECRETARY OF STATE

RECEIVED

A. RAMSEY MAR 14.2024 CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 03/13/24 Order #: 1446896-3

Re: Pierpont Capital Holdings LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be geducted from our State Account: \$25.00 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

Division of Corporations Pierpont Capital Holdings LLC SUBJECT: 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: Nathanial Boice Name of Person c/o Santander Holdings USA, Inc. Firm/Company 75 State Street Address Boston, MA 02109 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nathanial Boice Area Code & Daytime Telephone Number Name of Person Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$55 Filing Fee & □ \$60 Filing Fee, □ \$30 Filing Fee & □\$25 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy

TO:

Registration Section

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

SECTION	(1-4 must be completed)	S
1. Name of limited liability Company as it appear	s on the records of the Florida Department of	T. A.
State: Pierpont Capital Holdings LLC		MA HAR 13
Enter new principal office address, if applicable:	437 Madison Avenue	PH 12 0
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	New York, NY 10022	72
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	437 Madison Avenue	
	New York, NY 10022	
2. The Florida document number of this limited lia	ability company is: M14000007160	
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 9/30	0/2014	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: Si	antander Capital Holdings LLC t contain "Limited Liability Company, " "L.L.C.," o	91 LC223
(mus	a contain "Limited Liability Company, L.L.C., C	or LLC. )
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	I for the purpose of transacting business in Florida a naging members adopting the alternate name. The a C." or "LLC.")	nd attach a Iternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent and/or registered 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, enter the name of ddress here:	the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida Street Address	
_	City , Florida Zip	Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to and complete performance of my duties, and I am fo tered agent as provided for in Chapter 605, F.S. Or, in the registered office address, I hereby confirm the	amilíar with if 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 Action	
			□Add	
			□Remo	
<del></del>			□Add	
			□Remo	
			□Remo	
			□Add	
			□Remo	
			\Add	
aforementioned an	the law of which this entity is organized	ne official having custody of records in th	□Remo	

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PIERPONT CAPITAL HOLDINGS LLC", CHANGING ITS NAME FROM "PIERPONT CAPITAL HOLDINGS LLC" TO "SANTANDER CAPITAL HOLDINGS LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF FEBRUARY, A.D. 2023, AT 8 O'CLOCK A.M.



Jeffrey W. Budlock, Secretary of State

Authentication: 203004676