## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000286865 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future of annual report mailings. Enter only one email address please.

Email Address:	Ema	il	Ad	$d\mathbf{r}$	es	8	:
----------------	-----	----	----	---------------	----	---	---

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERITAGE KMT FINANCE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC OF 2015 J. HARRIS

12/4/2015 8:55:40 AM From: To: 8506176383( 2/3 )

## 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: SERITAGE KMT FINANCE LLC
2. The Florida document number of this limited liability company is: M15000004705
3. Jurisdiction of its organization:  Delaware
4. Date authorized to do business in Florida: June 15, 2015
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 office 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:
Name of New Registered Agent:
New Registered Office Address:    Florida   Fl
New Registered Office Address:    Enter Florida Street Address   Florida   Zip Code
New Registered Office Address:    Florida   Fl

12/4/2015 8:55:40 AM From: To: 8506176383( 3/3 )

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change: The following individuals are added as persons with authority to not on behalf of the LLC. Address Type of Action Title/ Capacity Name Fresident Benjamin Schall 489 Fifth Avenue, 18th Floor SAdd \_\_\_\_\_ New York, New York 10017 ☐ Remove ٧P Brian Dickman 489 Fifth Avenue, 18th Floor Add New York, New York 10017 VP Matthew Pernand 489 Fifth Avenue, 18th Floor Wadd New York, New York 10017 DRemove VP. Mary Rottler 489 Fifth Avenue, 18th Floor El Add New York, New York 10017 ☐ Remove 489 Fifth Avenue, 18th Floor ۷P James Bry New York, New York 10017 . ..... (C) Remove 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 the jurisdiction under the law of which this entity is organized. Mighature of the authorized representative

-----

MATTHEW FERMAND Typed or printed name of signer

Filing Fee: \$25.00