2/16/2016 11:01:34 AM From: To: 8506176383( 1/5 ) Division of Corporations Page 1 of 2

> 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.

> > (((H16000039490 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 Phone : (850)205-8842 : (850)878-5368 Fax Number

\*\*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 SANDPOINTE US LONG/SHORT EQUITIES FUND, LLC

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	COVER	LETTER	<b>H</b>	
TO: Registration Section Division of Corporation	18			
	e US Long/S		ties Fund, LLC	· -
Dear Sir or Madam:	•	•	,	
The enclosed application, certif	icate and fee(s) are sub	mitted for filin	g.	
Please return all correspondence	concerning this matte	r to the followi	ng:	
Dennis R. Hammo	nd			
Name of	Person	<del></del>		
SandPointe, LLC				
Firm/Co	Inpany			
777 S. Flagler Driv	e, Suite 1800			
Addr	ėss.	<del></del>		芸芸
West Palm Beach,	FL 33401			THE THE
City/Stat	e and Zip Code			15.7
drhammond@sand	lpointe.com			
E-mail eddress: (to be used for	future annual report n	notification)		
For further information concerni	ng this matter, please c	all:		Sm F
Dennis R. Hammor	•		1-1100	
Name of Person	Are	a Code & Dayt	ime Telephone Number	
STREET/COURIER A. Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3236	Ircle	Regi. Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314	
	ling Fee & 🔳 \$:	55 Filing Fee & Certified Copy	2 \$60 Filing Fee, Certificate of S	tatus &

CR2E055 (9/15)

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)

Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BOX)  2. The Florida document number of this limited liability company is: M1500007546  3. Jurisdiction of its organization: Delaware	s. Ivew name or the minited maching company	(must contain "Limited Liability Company, ""L.L.C.," or "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 BEA POST OFFICE BOX)  2. The Florida document number of this limited liability company is:  M1500007546  3. Jurisdiction of its organization:  Delaware  4. Date authorized to do business in Florida: September 22, 2015		
(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: M15000007546	I. Date authorized to do business in Florida:	September 22, 2015
(Principal office address  MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	J. Jurisdiction of its organization: Delawa	are
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailling address	. The Florida document number of this limite	ed liability company is: M15000007546
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:		
(Principal office address		
Enjer new principal office address is a second seco	•••	able;

New Registered Agent's Signature, it enough 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.

2/16/2016 11:01:34 AM From: To: 8506176383( 4/5 )

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
e/ Capacity	Name	Address	Type of Action	
<del>_</del> <del>_</del>	,		Add	
			Remove	
			Add	
			Remove	
			Remove.	
			Remove	
			Add	
rementioned ame	lay of which this entity is organ	the official having custody of records in the	Remove	

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 THAT THE SAID "SANDPOINTE US LONG/SHORT EQUITIES FUND, LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "SANDPOINTE OPPORTUNITIES FUND, LIC" ON THE TWELFTH DAY OF FEBRUARY, A.D. 2016, AT 4:44 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.

You may verify this certificate online at corp.delaware.gov/authver.shtml

5829723 8320 SR# 20160831654 Authentication: 201834536 Date: 02-16-16