

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H17000044503 3)))



H170000445033ABCY

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

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : JAM MARK LIMITED  
Account Number : I20000000112  
Phone : (305) 789-7758  
Fax Number : (305) 789-7799

**\*\*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  
NORFOLK ADVISORS LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Please use  
original  
fax date  
2/15/17.  
Thank you.

136544-1

Electronic Filing Menu

Corporate Filing Menu

Help

M. MILLIGAN  
FEB 17 2017

WIM-13653



February 16, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NORFOLK ADVISORS LLC  
10 OCEAN PLACE ESTATE  
HIGHLAND BEACH, FL 33487

SUBJECT: NORFOLK ADVISORS LLC  
REF: M1500008811

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Signature on document is not acceptable for scanning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H17000044503  
Letter Number: 817A00003070

*Please see attached.*

*Please approve. Use original  
fax date of 2/15/17. Thank you.*

P.O BOX 6327 - Tallahassee, Florida 32314

**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: NORFOLK ADVISORS 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: M15000008811

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: NOVEMBER 3, 2015

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

5. New name of the limited liability company: TRUTINO CAPITAL MANAGEMENT LLC  
(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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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)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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		_____	<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 the  
jurisdiction under the law of which this entity is organized.

/s/ Paul Gregory Babij

\_\_\_\_\_  
Signature of the authorized representative

**PAUL GREGORY BABIJ**

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

(((H17000044503 3)))

2017 FEB 15 PM 5:15  
FILED  
CLERK OF COURT  
JUDICIAL DISTRICT OF ALABAMA  
MONTGOMERY

# Delaware

The First State

Page 1

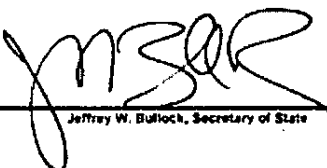
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "NORFOLK ADVISORS LLC",  
CHANGING ITS NAME FROM "NORFOLK ADVISORS LLC" TO "TRUTINO  
CAPITAL MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE  
FOURTEENTH DAY OF FEBRUARY, A.D. 2017, AT 1:41 O'CLOCK P.M.

2017 FEB 15 PM 3:15  
J. Bullock



5362856 8100  
SR# 20170885952

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202038749  
Date: 02-14-17

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF FORMATION  
OF  
NORFOLK ADVISORS LLC**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:41 PM 02/14/2017  
FILED 01:41 PM 02/14/2017  
SR 20170885952 - FileNumber 5362856

The undersigned, desiring to amend the Certificate of Formation pursuant to the Delaware Limited Liability Company Act, does hereby certify as follows:

1. The name of the limited liability company is Norfolk Advisors LLC (the "Company").

2. The Certificate of Formation of the Company is hereby amended by deleting in its entirety Article 1 of the Certificate of Formation and substituting it to read as follows:

"FIRST. The name of the limited liability company is Trutino Capital Management LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on this 14th day of February, 2017.



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Paul Gregory Babij,  
Authorized Person

#49585804\_v1

2017 FEB 15 PM 5:15  
FILED  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE  
STATE OF DELAWARE