M16000006140

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
☐ POwd	, MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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O SIMMONS MAY 0 7 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 793907 4304394

AUTHORIZATION :

COST LIMIT : \$ 55,00

ORDER DATE: May 4, 2021

ORDER TIME : 11:35 AM

ORDER NO. : 793907-005

CUSTOMER NO: 4304394

FOREIGN FILINGS

NAME: BAF ASSETS 3, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

	egistration Section vivision of Corporations			
SUBJEC	BAF Assets 3, LLC			
	Name of Foreign	Limited Liab	oility Co	mpany
Dear Sir	or Madam:			
The enclo	osed application, certificate and fee(s) a	are submitted	for filing	2.
Please ret	turn all correspondence concerning this	matter to the	following	ng:
Mary Gra	ce De Asis			
	Name of Person		_	
Mayer Bro	own LLP			
	Firm/Company		_	
71 South	Wacker Drive			
	Address		_	
Chicago,	IL 60606			
	City/State and Zip Code		_	
mdeasis@	@mayerbrown.com			
E-mail	address: (to be used for future annual i	eport notifica	ition)	
For furthe	er information concerning this matter, p	olease call:		
Mary Gra	ce De Asis	312 at (701-8 _)	867
	Name of Person	Area Code	& Dayt	ime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
E	nclosed is a check for the following a	mount:		
□\$25 Fil		■ \$55 Filing Certified C		☐ \$60 Filing Fee. Certificate of Status &
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) $\frac{227 \, R_{\rm eff}^{\rm asy} = 6 - R_{\rm eff}^{\rm asy} = 0.3}{2}$

Name of limited liability Company as it appears	s on the records of the Fl	orida Department of	• • • •
State: BAF Assets 3, LLC			
Enter new principal office address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(<u>Principal office address</u> MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)			
		_	
2. The Florida document number of this limited lia	bility company is: M160	000006140	
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 08/0			
SECTION II (5-9 complete only the applicable of	changes)		
5. New name of the limited liability company:	S SFE Asset Company	5, LLC	
(musi	t contain "Limited Liabil	ity Company, ""L.L	.C" or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting	acting business in Flo g the alternate name.	orida and attach a The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our ddress here:	records. enter the na	me of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida Street Addre	383.
	City	Florida	Zip Code
N. B. L. M. J. C. B. B. B. B. B.	•		zīp Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agen- the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change to liability company has been notified in writing of the	nt and agree to act in this and complete performan ered agent as provided fo in the registered office ac	ce of my duties, and or in Chapter 605. F.	I am familiar with S. Or. if this

. If the amendment o	hanges person, title or capacity in	accordance with 605.0902 (1)(e), indicate th	at ghange;
itle/ Capacity	<u>Name</u>	Address	Type of Action
			
		·	□Remo
			□Add
			□Remov
			DAdd
			□Remov
			□Add
			□Remov
			DAdd
aforementioned ame	cate, if required: no more than 90 endment(s), duly authenticated by a law of which this entity is organ	the official having custody of records in the	□Remov
(Signature of I	the authorized representative	

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BAF ASSETS 3, LLC",

FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "US SFE ASSET

COMPANY 5, LLC" ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2021, AT

11:20 O'CLOCK A.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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "US SFE ASSET COMPANY 5, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2016.



Authentication: 203126321

Date: 05-04-21