

6/17/2019

2016-08-18 15:50:31 CST

06144554862 From: James Tanks III

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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****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

THIRD PALM CAPITAL LLC

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

D SCOTT

JUN-20-2019

Electronic Filing Menu

Corporate Filing Menu

Help

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: Third Palm Capital 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: M17000000546

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 01/19/2017

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

5. New name of the limited liability company: Dart Interests 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.

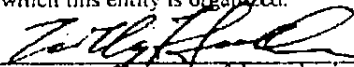
If Changing Registered Agent, Signature of New Registered Agent

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> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> 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.



Signature of the authorized representative

Timothy Sullivan, Authorized Person

Typed or printed name of signee

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 "THIRD PALM CAPITAL LLC", CHANGING ITS NAME FROM "THIRD PALM CAPITAL LLC" TO "DART INTERESTS LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF JUNE, A.D. 2019, AT 5:54 O'CLOCK P.M.

FILED
2019 JUN 19 A 3:55
DELAWARE SECRETARY OF STATE



5861624 8100
SR# 20195430666

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203025437
Date: 06-14-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:54 PM 06/13/2019
FILED 05:54 PM 06/13/2019
SR-20195430666 - File Number 5861624

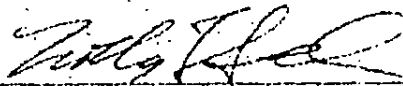
**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
THIRD PALM CAPITAL LLC**

This Certificate of Amendment of Third Palm Capital LLC is being executed by the undersigned for the purpose of amending the Certificate of Formation of Third Palm Capital LLC pursuant to Section 18-202 of the Delaware Limited Liability Company Act.

1. The name of the limited liability company is Third Palm Capital LLC (the "*Company*").
2. The first section of the Company's Certificate of Formation is hereby amended to read as follows:

"First: The name of the limited liability company is Dart Interests LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to be effective upon filing with the Secretary of State.



Timothy J. Sullivan
Chief Financial Officer and Authorized Person