

MI7000002618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

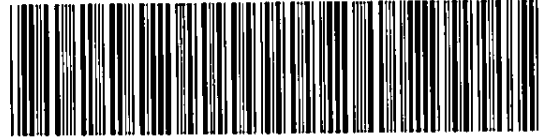
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
STATE
SEP 13 AM 8:40
MISSISSIPPI

RECEIVED
2024 SEP 13 PM 3:21
ALLAMANSOFT, LLC

RECEIVED
09/13/24

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 09/13/2024

****WALK IN****

ENTITY NAME CUTTONE & CO., LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 25.00

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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: CUTTONE & CO., 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: M17000002618

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 01/11/2017

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

5. New name of the limited liability company: DriveWealth Institutional 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)(e), 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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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.

/S/PAUL GONOURD

Signature of the authorized representative

Paul Gonoud

Typed or printed name of signee

Filing Fee: \$25.00

**STATE OF NEW YORK
DEPARTMENT OF STATE**

I hereby certify that the annexed copy for DRIVEWEALTH INSTITUTIONAL LLC, File Number 210202000063 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.

SEP 13 2024 AM 8:40
STATE
SECRET, FL

WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on September 13, 2024.

WALTER T. MOSLEY
Secretary of State

Brandon C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State



STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
Albany, New York

CONSENT TO FILING WITH THE DEPARTMENT OF STATE
(Certificate of Amendment with Name Change)

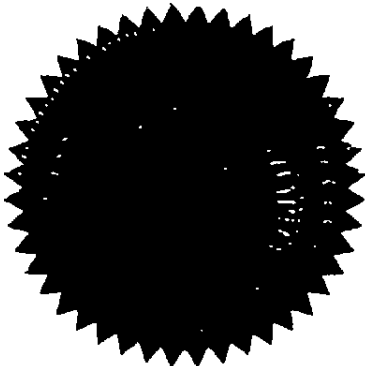
Consent is hereby given to the filing by
Cuttone & Company, LLC

[name of entity]
of the annexed certificate of amendment, including a change of name to
DriveWealth Institutional LLC

[new name]
pursuant to the applicable provisions of the Education Law, the Not-for-Profit Corporation Law,
the Business Corporation Law, the Limited Liability Company Law or any other applicable
statute.

This consent is issued solely for purposes of filing the annexed document by the
Department of State and shall not be construed as approval by the Board of Regents, the
Commissioner of Education or the State Education Department of the purposes or objects of such
entity, nor shall it be construed as giving the officers or agents of such entity the right to use the
name of the Board of Regents, the Commissioner of Education, the University of the State of
New York or the State Education Department in its publications or advertising matter.

IN WITNESS WHEREOF this instrument is
executed and the seal of the State Education
Department is affixed.



Betty A. Rosa
Interim Commissioner
of Education

By:

Seth D. Gilboord
Seth D. Gilboord
Commissioner's authorized designee

JAN 28 2021

Date

**THIS DOCUMENT IS NOT VALID WITHOUT THE SIGNATURE OF THE
COMMISSIONER'S AUTHORIZED DESIGNEE AND THE OFFICIAL SEAL OF THE
STATE EDUCATION DEPARTMENT.**

CT07

210202000063



Division of Corporations,
State Records and
Uniform Commercial Code

New York State
Department of State
DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE
One Commerce Plaza
99 Washington Ave.
Albany, NY 12231-0001
www.dos.ny.gov

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
OF

CUTTONE & COMPANY, LLC

(Insert Name of Domestic Limited Liability Company)
(Name change only)

Under Section 211 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

CUTTONE & COMPANY, LLC

If the name of the limited liability company has been changed, the name under which it was organized is:

CUTTONE & CO., LLC (BD)

SECOND: The date of filing of the articles or organization is: JANUARY 21, 2016

THIRD: The amendment affected by this certificate of amendment is as follows:

Paragraph FIRST of the Articles of Organization relating to the name of the limited liability company is hereby amended to read as follows:

FIRST: The name of the limited liability company is:

DriveWealth Institutional LLC

X
(Signature)

Donato J. Cuttone

(Type or print name)

Capacity of Signer (Check appropriate box):

☐ Member

☒ Manager

☐ Authorized Person

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**CERTIFICATE OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
OF**

CUTTONE & COMPANY, LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

Filer's Name and Mailing Address:

Suzanne M. Hoffman

Name:

Katten Muchin Rosenman LLP

Company, if Applicable:

525 West Monroe Street

Mailing Address:

Chicago, IL 60661-3693

City, State and Zip Code:

STATE OF NEW YORK
DEPARTMENT OF STATE
FEB 02 2021 AM 8:10
COMMUNICATIONS SECTION

NOTES:

1. This form was prepared by the New York State Department of State to amend paragraph FIRST of the articles of organization to change the name of a domestic limited liability company. You are not required to use this form. You may draft your own form or use forms available at legal supply stores.
2. The name of the limited liability company and the date of filing of the articles of organization must exactly match the records of the Department of State. This information should be verified on the Department of State's website at www.dos.ny.gov.
3. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
4. This certificate must be submitted with a \$60 filing fee made payable to the Department of State.

(For office use only)

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED FEB 02 2021

TAX \$
BY:

mm

DRAWDOWN
CST REF:
13476704JC

RECEIVED

2021 FEB -2 AM 9:16

2021 FEB -2 AM 9:29

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