# M17000005132

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## SUNSHINE corporate filing of florida inc.

#### 3458 Lakeshore Drive

### Tallahassee, Florida 32312

(850) 656-4724

Toll Free: 844-541-6792

DATE: 6	-27-15	7				WALK I	.N
ENTITY N	AME:	RP	Newco	××ι	LLC		
DOCUMENT	#	Dee	e us				
	·	**PLEAS	E FILE THE	ATTACHED	AND RETURN	<b>√:*</b> *	
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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: RP Newco XXI LLC			
Enter new principal office address, if applicable:	<del></del> .		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)	SEGRETARY L TALUAHASSEE	2817 JUN 27	
2. The Florida document number of this limited liability company is: M1700005132	UF S ATE	FH IO: 58	
3. Jurisdiction of its organization: Delaware	DA DA	259	
4. Date authorized to do business in Florida: 6/19/2017			
SECTION II (5-9 complete only the applicable changes)  5. New name of the limited liability company: RP AUM LLC (must contain "Limited Liability Company, " "L.L.C	.," or "L	LC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floricopy of the written consent of the managers or managing members adopting the alternate name. To must contain "Limited Liability Company," "L.L.C." or "LLC.")	da and at he alterna	tach a	ne
6. If amending the registered agent and/or registered officer address on our records, enter the name registered agent and/or the new registered office address here:	e of the n	<u>ew</u>	
Name of New Registered Agent:			
New Registered Office Address:	<del></del>		
Enter Florida Street Address	;		
, Florida,	Zip Code	<del></del>	
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 ag the provisions of all statutes relative to the proper and complete performance of my duties, and I	ree to co am famili	mply w lar wit	vith h

If Changing Registered Agent, Signature of New Registered Agent

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.

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aforementioned am	icate, if required: no more than 9 endment(s), duly authenticated b he law of which this entity is org:	y the official having custody of reco	Removered in the

Filing Fee: \$25.00

# <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "RP NEWCO XXI LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "RP AUM LLC" ON THE TWENTIETH DAY OF JUNE, A.D. 2017, AT 4:19 O'CLOCK P.M.

Authentication: 202777715

Date: 06-26-17