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To:

14154847068

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRESSET CAPITAL MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

T. LEMIEUX

Help MAR 01

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Ş	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: Cresset Capital Management LLC
Er	nter new principal office address, if applicable:
`	Principal office address UST BE A STREET ADDRESS)
<u>(/</u>	nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX
2.	The Florida document number of this limited liability company is: M18000002300
3.	Jurisdiction of its organization:
4.	Date authorized to do business in Florida: 3/6/2018
	ECTION II (5-9 complete only the applicable changes)
5	New name of the limited liability company: (must contain "Limited Liability Company ""L. L. C. " or "LL C.")
٠.	(must contain "Limited Liability Company, ""L,L.C.," or "LLC.")
CI	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a opy of the written consent of the managers or managing members adopting the alternate name. The alternate name just contain "Limited Liability Company," "L.L.C." or "LLC.")
6. <u>re</u>	If amending the registered agent and/or registered officer address on our records, enter the name of the new egistered agent and/or the new registered office address here:
N	ame of New Registered Agent:
N	lew Registered Office Address:
	Enter Florida Street Address
	, Florida
I that do	lew Registered Agent's Signature, if changing Registered Agent: 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 accument is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited ability company has been notified in writing of this change.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
itle/ Capacity	<u>Name</u>	Address I	ype of Action			
			□Add			
			□Remov			
			□Add			
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aforementioned a	ificate, if required: no more than 9 mendment(s), duly authenticated by the law of supplies, this entity is org	by the official having custody of records in the	□Remov			

Typed or printed name of signee

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 "CRESSET CAPITAL

MANAGEMENT LLC", CHANGING ITS NAME FROM "CRESSET CAPITAL

MANAGEMENT LLC" TO "CRESSET MANAGER, LLC", FILED IN THIS OFFICE

ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2022, AT 9:44 O'CLOCK

A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2022.



Authentication: 202777617

Date: 02-28-22

DocuSign Envelope ID: BEA60256-FF33-46DC-8E16-2776D9EEEF78

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:44 AM 02/23/2022
FILED 09:44 AM 02/23/2022
SR 20220657768 - File Number 6294734

STATE OF DELAWARE

CERTIFICATE OF AMENDMENT OF CRESSET CAPITAL MANAGEMENT LLC

The undersigned being duly authorized to execute and file the Certificate of Amendment to the Certificate of Formation for the purpose of amending the Certificate of Formation pursuant to the Limited Liability Company Act of the State of Delaware, does hereby certify as follows:

FIRST: The name of the limited liability company is Cresset Capital Management LLC.

SECOND: The original Certificate of Formation of the Company was filed with the Secretary of State

of the State of Delaware on January 24, 2017 and a Certificate of Amendment was filed on

July 11, 2017.

THIRD: The Certificate of Formation of the Limited Liability Company is hereby further amended

by deleting the First Article in its entirety and amending it to read as follows:

"FIRST: The name of the limited liability company is Cresset Manager, LLC."

FOURTH: This Certificate of Amendment is effective as of February 28, 2022.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on February 22, 2022.

- DocuSigned by:

william andwick

Name: William Rudnick
Title: Authorized Signatory

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CRESSET MANAGER, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRESSET MANAGER,

LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

at com delaware gov/aut

Authentication: 202777652

Date: 02-28-22