M800	0003984
(Requestor's Name) (Address) (Address)	
(City/State/Zip/Phone #)	FILED 2020 FEB 27 LY IC: 48
Certified Copies Certificates of Status	2020 FEB 27 PM 1: 52
Office Use Only	

Y STILKER FLJ 2 8 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO.	:	12000000	0195	
REFERENCE	i D	-1-94355	4370156	
REFERENCE AUTHORIZATION	X	ul & e	R.a.	
COST LIMIT	:	\$ 55.00		

- ORDER DATE : February 26, 2020
- ORDER TIME : 10:29 AM
- ORDER NO. : 194355-040
- CUSTOMER NO: 4370156

#### FOREIGN FILINGS

NAME: GRASS RIVER CAPITAL PARTNERS LLC

\_\_\_\_\_ CORPORATE

- \_\_\_\_\_ LIMITED PARTNERSHIP
- XX\_\_\_\_ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY \_\_\_\_\_ PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

## COVER LETTER

TO: Registration Section Division of Corporations

# SUBJECT: Grass River Capital Partners LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Mark Jefferis

Name of Person

3650 REIT

Firm/Company

## 100 Wilshire Boulevard Suite 1845

Address

## Santa Monica, CA 90401

City/State and Zip Code

## mjefferis@3650reit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Jefferis

at (213 ) 448-5754

Name of Person

Area Code & Daytime Telephone Number

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# Enclosed is a check for the following amount:

Certificate of Status

Certified Copy

☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

## 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: Grass River Capital Partners LLC

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Enter new principal office address, if applicable:			
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )			
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 liab	bility company is: M1800000	)3984 <u>Normalizations in 1888</u>	
3. Jurisdiction of its organization: Delaware		FEB	7
4. Date authorized to do business in Florida: $04/2$	23/2018	27	
SECTION II (5-9 complete only the applicable c	hanges)		Fij
5. New name of the limited liability company: 36	550 REIT Investment Ma	nagement LLC	$\bigcirc$
(must	contain "Limited Liability Comp	any, ""L.L.C., $\frac{1}{3}$ , or "LLC")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	aging members adopting the alter	iness in Florida and attach a nate name. The alternate name	
6. If amending the registered agent and/or registered registered agent and/or the new registered office additional and/or the new registered office additional additionadditional additionad additionadditionadditionad additionad addi		nter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida S		
	City	_, Florida 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
<u> </u>			Adđ
			Remove
			DbA
			Remove
			Add
			Remove
			Add
			Remove
			Add
atorementione	Signature of t Tobin (Toby) C	the official having custody of records in the rized. he authorized representative	Remove
		ed name of signee	



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GRASS RIVER CAPITAL PARTNERS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "3650 REIT INVESTMENT MANAGEMENT LLC" ON THE SIXTH DAY OF FEBRUARY, A.D. 2020, AT 8:05 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.



Authentication: 202472393 Date: 02-27-20

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

6186730 8320

SR# 20201613131