M1800005386

(Re	equestor's Name)	
(Ad	ldress)	_
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co				٠
SUBJECT: Polygon G	Global Partners GP LLC			
	Name of Foreig	gn Limited Lia	ability Co	mpany
Dear Sir or Madam:				
The enclosed applicat	ion, certificate and fee(s)	are submitted	l for filing	<u>.</u> .
Please return all corre	spondence concerning th	is matter to th	e followir	ոք։
Sven Krogius				
	Name of Person		_	
TFG Asset Management	US LP			
	Firm/Company		_	
399 Park Avenue, 22nd I	Hoor			
	Address		_	
New York, NY 10022				
	City/State and Zip Cod	e		
legal@tetragoninv.con				
E-mail address: (to	be used for future annua	l report notific	cation)	
For further information	n concerning this matter.	, please call:		
Kyra Haddad		at (35973	00
Name	of Person	- '	le & Dayt	ime Telephone Number
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7		Divisio The Ce 2415 N	ddress: ration Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 810 assee, FL 32303
	check for the following		17 0	FI 670 FILL F
■\$25 Filing Fee (☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filin Certified	_	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida	Department of
State: Polygon Global Partners GP LLC		
Enter new principal office address, if applicable:		2025
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TLORIE
2. The Florida document number of this limited liab	ility company is: M1800000	95386
Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: June 1		
SECTION II (5-9 complete only the applicable ch	anges)	
5. New name of the limited liability company: TFO (must o	6 Asset Management US GP contain "Limited Liability C	ompany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted f copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	ging members adopting the	business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our reco ress here:	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as register document is being filed to merely reflect a change is liability company has been notified in writing of this	istered Agent: and agree to act in this cap nd complete performance of ed agent as provided for in the registered office addre.	acity. I further agree to comply with my duties, and I am familiar with Chapter 605, F.S. Or, if this

	changes person, title or capacity in ac	scordance with 003.0302 (Tyte), hidi	cate that cha	
<u> Γitle/ Capacity</u>	<u>Name</u>	<u>Address</u>	Тур	e of Action
				□Add
			·	□Remove
				□Add
				□Remove
				□Add
				□Remove
				□Add
				□Remove
				□Add
. Attached is a certi aforementioned ar	ficate, if required: no more than 90 one	days old, evidencing the	ds in the	□Remove
	the law of which this entity is organ		ALL!	} 2025 F
		he authorized representative	AHASSEE.	FEB 26
	Typed or print	ed name of signee	LF BIATE ELORIDA 	PR 4: 10

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:50 AM 03/01/2022
FILED 10:50 AM 03/01/2022
SR 20220810884 - File Number 5434976

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

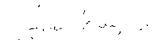
name of the limited liability by is "TFG Asset Management"	y company US GP LLC"
y is fife Asset Management (JS (5P 1,15C"
HEREOF, the undersigned have execute	d this Certifica
day of March	, A.D. <u>2022</u>
\bigcirc	h 1
1/ / / ^ //	11471
By: Per W. H	}
	HEREOF, the undersigned have execute day of March

I certify this is a true and accurate copy of the original document.

Sven Krogius Senior Counsel

Tetragon Financial Group Limited Member, New York Bar Association

Reg #2538585 February 10, 2025 I certify this is a true and accurate copy of the original document.



Sven Krogius
Senior Counsel
Tetragon Financial Group Limited
Member, New York Bar Association
Reg #2538585
February 10, 2025



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 "POLYGON GLOBAL
PARTNERS GP LLC", CHANGING ITS NAME FROM "POLYGON GLOBAL
PARTNERS GP LLC" TO "TFG ASSET MANAGEMENT US GP LLC", FILED IN
THIS OFFICE ON THE FIRST DAY OF MARCH, A.D. 2022, AT 10:50
O'CLOCK A.M.



Authentication: 202791209

Date: 03-01-22