

M18 000 010365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

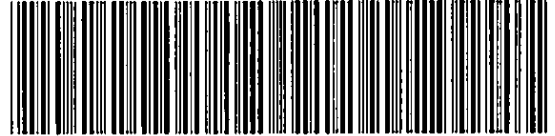
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 JAN 19 AM 9:43  
CLERK

RECEIVED  
2024 JAN 18 PM 1:22  
TALLAHASSEE, FLORIDA

712

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 01/19/2024

Acc#I20160000072

*mic DW*

Name:	SABAL CAPITAL PARTNERS, LLC
Document #:	
Order #:	15335180 - 37

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

**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: Sabal Capital Partners, 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: M18000010305

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/16/2018

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

5. New name of the limited liability company: RRECM Capital Partners, 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:

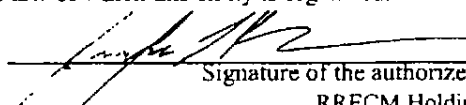
\_\_\_\_\_

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.

  
\_\_\_\_\_  
Signature of the authorized representative  
RRECM Holdings, LLC, f/k/a  
Jennifer Boone, Secretary for Sabal Capital Holdings, LLC, Member

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# 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 "SABAL CAPITAL PARTNERS, LLC", CHANGING ITS NAME FROM "SABAL CAPITAL PARTNERS LLC" TO "RRECM CAPITAL PARTNERS, LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2023, AT 12:32 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2024.

2024 AUG 19 AM 9:43

FILED



  
Jeffrey W. Bullock, Secretary of State

5795783 8100  
SR# 20240139157

Authentication: 202602317  
Date: 01-17-24

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:32 PM 08/23/2023  
FILED 12:32 PM 08/23/2023  
SR 20233321598 - File Number 5795783

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF FORMATION  
OF  
SABAL CAPITAL PARTNERS, LLC**

This Certificate of Amendment is being filed by the undersigned in the Office of the Secretary of State of the State of Delaware, in accordance with the provisions of 6 Del. C. § 18-202, to amend the Certificate of Formation of Sabal Capital Partners, LLC (the "Company") filed in the Office of the Secretary of State of the State of Delaware on July 31, 2015:

FIRST: The name of the Company is Sabal Capital Partners, LLC.

SECOND: The Certificate of Formation of the Company is hereby amended to effect a change to the name of the Company. Article I of the Certificate of Formation is hereby deleted in its entirety and the following shall be substituted in lieu thereof:

**"ARTICLE I**

**Name**

The name of the limited liability company is RRECM Capital Partners, LLC."

THIRD: This Certificate of Amendment shall be effective as of January 1, 2024.

FOURTH: Except as amended hereby, the Certificate of Formation of the Company remains in full force and effect.

**IN WITNESS WHEREOF**, the undersigned, an authorized person with respect to the limited liability company named herein, has caused this Certificate of Amendment to be duly executed, on this the 23<sup>rd</sup> day of August, 2023.

/s/ Jennifer Boone

Jennifer Boone,  
an Authorized Person

2024 JAN 16  
10:09:43  
FILED