

M1900000 6309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

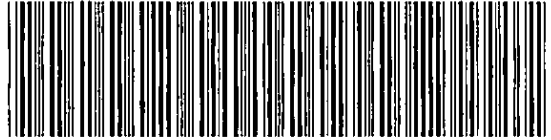
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000434690480

FILED

2024 OCT 22 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2024 OCT 22 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

A handwritten signature in black ink, appearing to read 'Ben Bolen', is written in a cursive style.

To: Department Of State, Division Of Corporations  
From: Ben Bolen  
Ext:  
Date: 10/22/24  
Order #: 1658174-3  
Re: Center Street Lending VIII, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority  
Supporting Documents  
Amount to be deducted from our State Account: \$25 - FL State Account Number: 120000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Center Street Lending VIII, 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$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 I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Center Street Lending VIII, LLC

Enter new principal office address, if applicable: 18201 Von Karman

(Principal office address  
MUST BE A STREET ADDRESS)

Suite 400

Irvine, CA 92612

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

18201 Von Karman

Suite 400

Irvine, CA 92612

2. The Florida document number of this limited liability company is: M19000006309

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/28/2019

FILED  
2024 OCT 22 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

5. New name of the limited liability company: Center Street Lending RTL, 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:

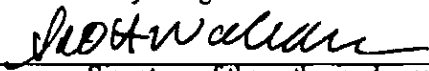
\_\_\_\_\_

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

Scott Wallace

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware


Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CENTER STREET LENDING VIII, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CENTER STREET LENDING RTL, LLC" ON THE NINTH DAY OF OCTOBER, A.D. 2024, AT 6:02 O`CLOCK P.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.



  
Jeffrey W. Bullock, Secretary of State

7410029 8320  
SR# 20243999871

Authentication: 204679327  
Date: 10-21-24

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 06:02 PM 10/09/2024  
FILED 06:02 PM 10/09/2024  
SR 20243909636 - File Number 7410029

**CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF FORMATION  
OF  
CENTER STREET LENDING VIII, LLC**

1. Name of Limited Liability Company: Center Street Lending VIII, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article 1 of the Certificate of Formation is hereby amended to read in its entirety as follows:

“The name of the limited liability company is Center Street Lending RTL, LLC.”

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate of Amendment on the 9<sup>th</sup> day of October, A.D. 2024.

Authorized Person:

CENTER STREET LENDING  
MANAGEMENT, LLC  
a Delaware limited liability company

By: /s/ Stephen Couig  
Name: Stephen Couig  
Title: Manager