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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARM FUNDING 2018-1, LLC

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From: Kimberly Laughrey

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

2021-05-17 09:11:06 CST

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department o	f	
State: ARM Funding 2018-1, LLC			
Enter new principal office address, if applicable:	41.2		
(<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 BON)			
2. The Florida document number of this limited lie	*		
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 12/2	6/2019		
SECTION II (5-9 complete only the applicable		•	
5. New name of the limited liability company: A (mus	RM Master Trust, LLC et contain "Limited Liability Company, " "L.!	L.C., "or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.6	naging members adopting the alternate name	orida and attach a: The alternate frame	
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	ed officer address on our records, <u>enter the m</u> ddress here:	ame of the hew	
Name of New Registered Agent:		5 8	
New Registered Office Address:	Enter Florida Street Addr	•-	
	, Florida		
 -	City	Zip Code	
New Registered Agent's Signature, if changing Rest I hereby accept the appointment as registered age, the provisions of all standes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	m and agree to act in this capacity. I further and complete performance of my duties, and tered agent as provided for in Chapter 605, I in the registered office address. I hereby cor	l Lam familiar with T.S. Or, if this	
ILC	hanging Registered Agent, Signature of Nev	Registered Agent	

From: Kimberly Laughre

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aforementioned at	eficate, if required: no more than 9 mendment(s), duly authenticated the law of which this entity is one	by the official having custody of records in the	⊡Remo

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ARM FUNDING 2018-1, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ARM MASTER TRUST, LLC" ON THE FIFTEENTH DAY OF APRIL, A.D. 2021, AT 1:41 O'CLOCK P.M.



Authentication: 203205232

Date: 05-14-21