

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000374237 3)))



H230003742373ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

587 To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : COMPUTERSHARE Account Number : 110432003053 : -Phone ; (561)694-8107 Fax Number ; (561)214-8442 $\dot{\omega}$.---**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

govdocs@corpcreations.com Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INSIGNIUM ASSET MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

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: Insignium Asset Management 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: M2000001240 3. Jurisdiction of its organization: __Delaware دية 4. Date authorized to do business in Florida: __01/29/2020 SECTION II (5-9 complete only the applicable changes) 5. New name of the limited liability company: Uyana 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 Fiorida 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 __ Zip Code City <u>New Registered Agent's Signature, if changing Registered Agent:</u> Thereby 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:

Title/ Capacity	Name	Address	Type of Action
			🗆 🗆 Add
			🗆 Remov
			🗆 Add
			DRemove
			🗆 Add
			🖸 Remove
··		·	🗆 Add
			🗆 Remove
			□Add
alorementioned ar	ficate, if required: no more than the neuronal state in the neuronal state is neuronal state in the neuronal state is an	by the official having custody of records in th	🗆 Remove
		Dese sh	

Rachel Joseph, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UYANA PARTNERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UYANA PARTNERS LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 204466718 Date: 10-27-23

Page ì

7149733 8300

SR# 20233833971 You may verify this certificate online at corp.delaware.gov/authver.shtml