

m20000001731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

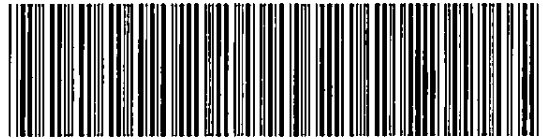
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TALLAHASSEE, FL

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Amend/Name Change

APR 24 2024

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISAM (USA) 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:

Stefania Coppola

Name of Person

iSAM Funds (USA) LLC

Firm/Company

5100 Town Centre Circle, Tower II, Suite 430

Address

Boca Raton, Florida, 33486, USA

City/State and Zip Code

stefania.coppola@isam.com

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

For further information concerning this matter, please call:

Stefania Coppola

Name of Person

at ( 0044 ) ( 0 ) 207 258 8367

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

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CLERK OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2024

STEFANIA COPPOLA  
ISAM FUNDS (USA) LLC  
5100 TOWN CENTRE CIRCLE, TOWER II #430  
BOCA RATON, FL 33486

SUBJECT: ISAM (USA) LLC  
Ref. Number: M20000001731

We have received your document for ISAM (USA) LLC and your check(s) totaling \$60.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 324A00005647

**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: ISAM (USA) 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: M20000001731

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 13 February 2020

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

5. New name of the limited liability company: iSAM Funds (USA) 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

2024 APR -4 AM 11:16

FILED

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>
<u>Officer</u>	<u>Laura Clement</u>	<u>5100 Town Centre Circle, Tower II, Suite 430, Boca Raton, Florida, 33486, USA</u>	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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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.

Scott Brownbill  
Signature of the authorized representative  
Scott Brownbill

\_\_\_\_\_  
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 "ISAM (USA) LLC",  
CHANGING ITS NAME FROM "ISAM (USA) LLC" TO "ISAM FUNDS (USA)  
LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF AUGUST, A.D.  
2023, AT 3:48 O'CLOCK P.M.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

4841923 8100  
SR# 20241125165

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

Authentication: 203095488  
Date: 03-22-24

**CERTIFICATE OF AMENDMENT**  
**OF**  
**CERTIFICATE OF FORMATION**  
**OF**  
**iSAM (USA) LLC**

Pursuant to Chapter 18, Section 18-202 of the Delaware Limited Liability Company Act, the undersigned, being authorized to execute and file this Certificate of Amendment, hereby certifies as follows:

1. The name of the limited liability company is **iSAM (USA) LLC**.
2. The Certificate of Formation of the limited liability company is hereby amended to change the name of the limited liability company as follows:  
  
“**FIRST**: The name of the limited liability company is **iSAM Funds (USA) LLC** (the “Company”).”

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment this 3rd day of August, 2023.

By: /s/ Daniel Wegh  
Name: Daniel Wegh  
Title: Authorized Person