M25000011173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

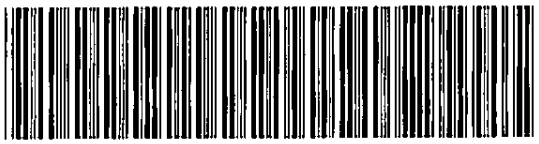
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/11/25--01001--011 **125.00

RECEIVED
2025 AUG -8 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2025 AUG 12 AM 11:11
TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2025

HOLLAND & KNIGHT

Corrected 8/12/2025

SUBJECT: AZORA EXAN CAPITAL, LLC
Ref. Number: M21000017173

We have received your document and check(s) totaling $110.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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) 245-6000.

Jasmine N Horne
Regulatory Specialist III

Letter Number: 025A00017761

2025 AUG 12 PM 2:14

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: Azora Exan Capital, 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) _____

_____

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2025 AUG 12 AM 11:11
FLORIDA DEPARTMENT OF STATE

2. The Florida document number of this limited liability company is: M21000017173

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/16/2021

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

5. New name of the limited liability company: Azora Private Solutions Capital 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:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove

2020 AUG 12 AM 11:1 FILED

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.

/s/ Fernando Perez Hickman
_____
Signature of the authorized representative

Fernando Perez Hickman
_____
Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AZORA PRIVATE SOLUTIONS CAPITAL 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 SEVENTH DAY OF AUGUST, A.D. 2025.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6112023 8300

SR# 20253603686

Authentication: 204414872

Date: 08-07-25

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

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, 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 "AZORA EXAN CAPITAL, LLC", CHANGING ITS NAME FROM "AZORA EXAN CAPITAL, LLC" TO "AZORA PRIVATE SOLUTIONS CAPITAL LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF AUGUST, A.D. 2025, AT 11:17 O'CLOCK A.M.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6112023 8100
SR# 20253600563

Authentication: 204414638
Date: 08-07-25

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

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
AZORA EXAN CAPITAL, LLC

1. The name of the limited liability company is Azora Exan Capital, LLC (the "Company").

2. The Certificate of Formation of the Company is hereby amended by deleting in its entirety Article I of the Certificate of Formation and substituting it to read as follows:

"ARTICLE I. NAME

The name of the limited liability company is Azora Private Solutions Capital LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on this 7th day of August, 2025.

/s/ Fernando Perez-Hickman

Fernando Perez-Hickman,
Authorized Person

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:17 AM 08/07/2025
FILED 11:17 AM 08/07/2025
SR 20253600563 - File Number 6112023