# M22000007824

(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:

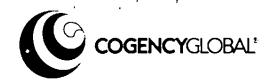
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If there are any issues
please contact Cheyanne at
850-202-1882

Date: 01/0	06/2025	
Name: C	heyanne Davis	
Reference #:	2605834	<u> </u>
Entity Name:	XTRINS	IC CAPITAL LLC
Articles of I	Incorporation/Authorization	on to Transact Business
✓ Amendmer	nt	
☐ Change of	Agent	
Reinstatem	nent	
☐ Conversion	1	
☐ Merger		
☐ Dissolution	/Withdrawal	
☐ Fictitious N	lame	
Other		
Authorized Amour	nt: <b>\$35</b>	
Signature:	Chyma Paire	

F: 800.944.6607

# **COVER LETTER**

Registration Section TO: Division of Corporations Pompano Resource Finance LLC SUBJECT: \_ 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: Talal A. Debs Name of Person Firm/Company 501 E LAS OLAS BLVD STE 200 & 300 Address FORT LAUDERDALE, FL 33301 City/State and Zip Code tdebs@xmcstrategies.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Talal A. Debs Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: S60 Filing Fee, Spring Fee [ ] \$30 Filing Fee & S55 Filing Fee & Certificate of Status & Certificate of Status Certified Copy

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 or	the records of the Florida Department of			
State: Pompano F	Resource Finance LLC			
Enter new principal office address, if applicable:	7ALLA			
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	HASSEE			
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)	PM 3: 00 FLORDA			
2. The Florida document number of this limited liability	ty company is:M2200007824			
Jurisdiction of its organization:	Delaware			
4. Date authorized to do business in Florida:	5/18/2022			
SECTION II (5-9 complete only the applicable cha				
5. New name of the limited liability company: (must co	: Xtrinsic Capital LLC (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managemust contain "Limited Liability Company," "L.L.C."	r the purpose of transacting business in Florida and attach a ing members adopting the alternate name. The alternate name or "LLC.")			
6. If amending the registered agent and/or registered of registered agent and/or the new registered office address.	officer address on our records, enter the name of the new ess here:			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida Street Address			
	City Zip Code			
the provisions of all statutes relative to the proper and accept the obligations of my position as registere	tered Agent: and agree to act in this capacity. I further agree to comply with d complete performance of my duties, and I am familiar with d agent as provided for in Chapter 605, F.S. Or, if this the registered office address, I hereby confirm that the limited			

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
le/ Capacity	<u>Name</u>	<u>Address</u>	Type of Actio		
			Remov		
			Add		
			Remov		
			Add		
			Remov		
		<del> </del>	Add		
			Remove		
Attached is a certif	icate, if required: no more than 90 endment(s), duly authenticated b	O days old, evidencing the y the official having custody of record	PRE3: 00		
urisdiction under t	he law of which this entity is orga	anized.  \[ \frac{1}{aly} \int \frac{1}{aly} \]  The authorized representative	·		

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 'POMPANO RESOURCE
FINANCE LLC', CHANGING ITS NAME FROM "POMPANO RESOURCE FINANCE
LLC" TO "XTRINSIC CAPITAL LLC", FILED IN THIS OFFICE ON THE
SECOND DAY OF JANUARY, A.D. 2025, AT 11:33 O'CLOCK A.M.



Authentication: 202606432

Date: 01-02-25

#### **DELAWARE**

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:33 AM 01:02/2025
FILED 11:33 AM 01:02/2025
SR 20250004515 - File Number 6736388

#### CERTIFICATE OF AMENDMENT

#### OF THE

## CERTIFICATE OF FORMATION

**OF** 

#### POMPANO RESOURCE FINANCE LLC

(Pursuant to Section 18-202 of the Delaware Limited Liability Company Act)

FIRST: The name of the limited liability company is Pompano Resource Finance LLC (the "Company").

**SECOND:** Pursuant to the provisions of Section 18-202 of the Delaware Limited Liability Company Act, the Certificate of Formation (the "Certificate") of the Company is hereby amended to reflect the following changes:

Article 1 of the Certificate of Formation of the Company is hereby amended to reflect a change of the name of the Company. Article 1 of the Certificate is hereby amended and restated in its entirety to read as follows:

"1. The name of the limited liability company is: Xtrinsic Capital LLC (the "Company")".

**THIRD:** The amendment to the Certificate of Formation of the Company shall be effective upon filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of the Certificate of Formation of the Company this 2<sup>nd</sup> day of January 2025.

Bv:

Talal A. Debs, Authorized Person