

M96000000479

(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



200293764542

JAN 04 2017  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN -3 AM 8:00

RECEIVED  
DEPARTMENT OF AGRICULTURE  
17 JAN -3 PM 4:30

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 439725 4350184

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 28, 2016

ORDER TIME : 2:52 PM

ORDER NO. : 439725-030

CUSTOMER NO: 4350184

FOREIGN FILINGS

NAME: NEUBERGER BERMAN LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

17 JAN -3 AM 8:00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Neuberger Berman LLC

Enter new principal office address, if applicable: 1290 Avenue of the Americas

(Principal office address

MUST BE A STREET ADDRESS)

New York, NY 10104

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1290 Avenue of the Americas

New York, NY 10104

2. The Florida document number of this limited liability company is: M96000000479

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/02/96

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

5. New name of the limited liability company: Neuberger Berman BD 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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN -3 AM 8:00

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)(c), indicate that change:

Title/ Capacity	Name	Address	Type of Action
-----------------	------	---------	----------------

Member	Neuburger Berman AALC	605 THIRD AVENUE	<input type="checkbox"/> Add
		NY NY 10158	<input checked="" type="checkbox"/> Remove

Member	Neuburger Berman HOLDINGS LLC	605 THIRD AVENUE	<input type="checkbox"/> Add
		NY NY 10158	<input checked="" type="checkbox"/> Remove

Member	Neuburger Berman INVESTMENT ADVISERS LLC	1290 AVENUE OF THE AMERICAS	<input checked="" type="checkbox"/> Add
		NY, NY 10104	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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.

Elvira DeCaro

Signature of the authorized representative

**Elvira DeCaro, Assistant Secretary**

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JAN - 3 PM 8:00

# 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 "NEUBERGER BERMAN LLC", CHANGING ITS NAME FROM "NEUBERGER BERMAN LLC" TO "NEUBERGER BERMAN BD LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2016, AT 9:24 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2017 AT 12 O'CLOCK A.M.

FILED  
SECRETARY OF STATE  
WILMINGTON, DE  
17 JAN -3 AM 8:00



  
Jeffrey W. Bullock, Secretary of State

2680278 8100  
SR# 20170005355

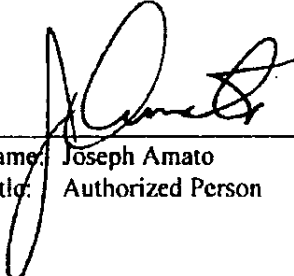
Authentication: 201801255  
Date: 01-03-17

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

**CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF FORMATION  
OF  
NEUBERGER BERMAN LLC**

1. Name of limited liability company: NEUBERGER BERMAN LLC.
2. The Certificate of Formation of NEUBERGER BERMAN LLC is hereby amended in part to read as follows:
  1. The name of the limited liability company is "NEUBERGER BERMAN BD LLC".
3. This Certificate of Amendment shall be effective as of 12:00 a.m. (Eastern Time) on January 1, 2017.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on this 15<sup>th</sup> day of December, 2016.

  
Name: Joseph Amato  
Title: Authorized Person

17 JAN -3 AM 8:00

FILED  
SECRETARY OF STATE  
DELAWARE