

MA7000000249

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

600003394346--9

-09/15/00--01039--004

*****25.00 *****25.00

The Goldman Sachs & Co. L.L.C.

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 SEP 15 AM 11:20

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- | | | |
|---|---|--|
| ☐ Profit | ☒ Amendment | ☐ Merger |
| ☒ NonProfit | | |
| ☒ Limited Liability Company | | |
| ☐ Foreign | ☐ Dissolution/Withdrawal | ☐ Mark |
| ☐ Limited Partnership | ☐ Annual Report | ☐ Other |
| ☐ Reinstatement | ☐ Reservation | ☐ Change of R.A. |
| ☐ Limited Liability Partnership | | ☐ Fictitious Name |
| ☐ Certified Copy | ☐ Photo Copies | ☐ CUS |
| ☐ Call When Ready | ☐ Call if Problem | ☐ After 4:30 |
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LAURA EARNEST

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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9-15-00

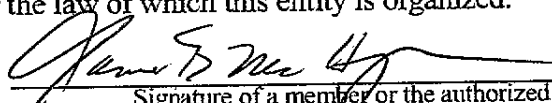
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: The Goldman, Sachs & Co. L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 5-6-97

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: MANAGING MEMBER IS The Goldman Sachs
GROUP, INC.
9. Attached is an original certificate, 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.


Signature of a member or the authorized representative of a member

James B. McHugh, Assistant Secretary
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00