	State of Rhode Island and F Office of the Secr			IS Fee: \$50.00
HOPE	Division Of Busin 148 W. Rive Providence RI 0 (401) 222-	Street 2904-261		
	ility Company cation for Registration heral Laws of Rhode Island, 1956, a	is amende	(b	
	ARTICLE			
The name of the limited lia	ability company is <u>Tiburon Finar</u>	cial, L.L.C	<u>.</u>	
If the company's name is	changing, state the new name: \underline{T}	buron Fin	ancial, L.L.C.	
If the company is changing	g its elected name in the State of F	hode Islar	d, state the new	name:
SP Tiburon Financial, LL	<u>.C</u>			
	ARTICLE I			
	lication for registration were inaccu able, a change made in Article I:	rate when	made or a chang	ge has occurred as
If the company duration is	changing, so state: X Perpetu	al		
If the address of the princi	pal office of the limited liability con	ipany is ch	anging, so state	:
	<u>0 BLONDO STREET</u> T <u>E 200</u>			
City or Town: OMA	AHA S	tate: <u>NE</u>	Zip: <u>68164</u>	Country: <u>USA</u>
If the mailing address of the	ne limited liability company is char	ging, so st	ate:	
	0 BLONDO STREET			
	<u>TE 200</u> <u>AHA</u> S	tate: <u>NE</u>	Zip: <u>68164</u>	Country: <u>USA</u>
If the management of the	limited liabilty company is changing	, modify th	ne following secti	on:
X Members or	_ Managers (check one)			
The name and address of	each manager (If LLC is managed by I	lembers, DO	NOT complete this	section):
Title	Individual Name First, Middle, Last, Suffix	Addr	Addr ess, City or Town, St	ess tate, Zip Code, Country
	to Application for Registration is to	become e	ffective not prior	to nor more than 30

Later Effective Date: 2/5/2015

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 5 Day of February, 2015 at 11:29:04 AM by the Authorized Person.

CASSIE SCHNACKEL

Tiburon Financial, L.L.C.

Form No. 451 Revised 09/07

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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

