RI SOS Filing Number: 202213325310 Date: 3/23/2022 12:55:00 PM

State of Rhode Islam Department of	state - Business Services Division		
Certificate of Ame FOREIGN Limited Par → Filing Fee: \$50.00	ndment to Application for Regi tnership	stration	R.I. DEPT. OF BUS SVCS I
Pursuant to the provisions submits the following Certif	of RIGL <u>7-13-52</u> , the undersigned foreign limite icate of Amendment:	ed partnership hereby	STATI DIV
1. Entity ID Number:	2. The name of the partnership is:	•	S S
001706770	CNH FINANCE FUND I, L.P.		K 25
	artment of State, authorizing 04/14/2020 de Island on:		
4. If the entity's name has state the new name:	changed,	Check the box to i	ndicate no change ×
4a. The entity's name, if of under which it proposed to transact business in Rhoo	o register and	Oncor die oor to	
5. If the entity's purpose is transacted in the State of Rh	s changing complete the following section: *Theode Island.	ne new purpose should include Al	LL activity to be
Check the box to indicate	an attachment	Check the box to i	ndicate no change
6. If the required address the following section:	of the office to be maintained in the state or co	ountry of its organization has o	hanged, complete
1209 Orange Street, Wilmin	igton, DE 19801		
		Check the box to i	ndicate no change 🗌
	ice at which is kept a list of the names and add, complete the following section:	dresses of the limited partners	and their capital
contributions has change		dresses of the limited partners	and their capital

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED C

STAMP

FORM 352 - Revised: 08/2020

8. If the mailing address has changed con	plete the following section:	
24 East Ave #1285, New Canaan, CT 06840		
	Check	k the box to indicate no change
9. If there is a change in the general partn	-	
*List ALL general partners as of this amendme	ent	<u></u>
NAME	ADDRESS	·
Check the box to indicate an attachment [Check	k the box to indicate no change X
10. If additional provisions have been add	ed or amended, complete the following section:	
provide the second seco	3	
Check the box to indicate an attachment	Check	k the box to indicate no change 🗵
11 As required by RIGL <u>7-13-69</u> , the parti		
12. Except as herein modified, the origina	Application for Registration continues in full for	rce and effect and is hereby
confirmed, ratified and incorporated by ref	ference into this Certificate of Amendment to the	e Application for Registration.
Under penalty of periupy I declare and aff	irm that I have examined this Certificate of Ame	endment to Application for
	ship, including any accompanying attachments,	
herein are true and correct.	mp, melading any docompanying alternmente,	and mar an orangement contained
Print or Type Exact Name of Limited Partr	nership	
CNH FINANCE FUND I, L.P.		
·		· · · · · · · · · · · · · · · · · · ·
Print or Type Name of General Partner		Date
Joe Davis, Member of CNH Finance GP, LLC, its General Partner		12/21/2021
Signature of General Partner		
Que. S	Town	
I / Company	100mm	

RI SOS Filing Number: 202213325310 Date: 3/23/2022 12:55:00 PM



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

March 23, 2022 12:55 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

