Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107
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SILP/LLLP AMENDMENT/RESTATEMENT/CORRECTION : **ILUMINA KINGS LP**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$52.50 |

SECOND SUBMISSION; ORIGINALLY SUBMITTED 6/13/2023

PLEASE HONOR ORIGINAL FILE DATE

Electronic Filing Menu

Corporate Filing Menu

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○ 06/15/2023 11:45 AM . 15512148442

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| ILUMINA KINGS LP | | | | |
|---|---|--|-----------------------|--------------|
| Insert name currently on I | file with Florida Depa | artment of State | | |
| Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif 04/29/2022, assigned Fl | ficate was filed w orida document n | ith the Florida De umber <u>A22000000</u> | partment of St 260 | |
| adopts the following certificate of amendment to | its certificate of | limited partnershi | ıp. | |
| This amendment is submitted to amend the following: | : | | | |
| A. If amending name, enter the new name of the here: | limited partnersh | ip or limited liabil | ity limited part | (nership |
| New name must be distinguis | shable and contain an | acceptable suffix. | | |
| Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes: | ship, Limited, L.P., L Limited Liability Lii | P, or Lid. nited Partnership, L. | L.L.P. or LLLP. | |
| B. If amending mailing address and/or princ principal office address here: | ipal office addre | ss, <u>enter new ma</u> | iling address | and/or |
| New Principal Office Address: (Must be STREET address) | | | | |
| New Mailing Address: (May be post office box) | | | | |
| C. If amending the registered agent and/or registered agent and/or the new registered office as | | on our records, <u>en</u> | ter the name of | the new |
| Name of New Registered Agent: | | | | 2 |
| New Registered Office Address: | Enter Fl | orida street addres. | 2 PH/2 | Fit |
| | City | , Florida | Zip Code S | |
| | 2 | - | | |

⊙ 06/15/2023 11;45 AM 15612148442 → 18506176383 pg 3 of 4

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. |

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

| Title | Name | Address | Type of Action |
|-----------|---------------------------------|--|-------------------|
| <u>GP</u> | NADG (US) GENERAL PARTNER, INC. | | |
| | | Suite 400 West Palm Beach, FL 33401 | Remove |
| GP | NADG US 2 GP INC. | 360 South Rosemary Avenue | Add |
| | | Suite 400 West Palm Beach, FL 33401 | |
| | | | |
| | | | □ Add □ Remove |
| | | | |
| | | | |
| | | | - |

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:
 - ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

| P. If amending any other info | ormation, enter ch | nange(s) here: (Attach additional sheets, if necessary.) |
|---|--|--|
| | | · · · · · · · · · · · · · · · · · · · |
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| State.) | re than 90 days afte | er the date this document is filed by the Florida Department of |
| Note: If the date inserted in this block do be listed as the document's effective date | es not meet the app on the Department | licable statutory filing requirements, this date will not of State's records. |
| | | |
| Signature(s) of a general partner | r or ali general | partners*: |
| | nership" election sta | on this document unless the limited partnership is adding or tement. Chapter 620, F.S., requires all general partners to sig hip" election statement.) |
| | | x X |
| | | By: NADG US 2 GP Inc., |
| | | its General Partner |
| | | By: Jeffrey W. Preston, President |
| Signature(s) of all new or dissoci | ating general po | artner(s), if any: |
| | | |
| | | |
| | . | |
| | | |
| Filing Fee: | \$52.50 | |
| Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$8.75 | |