

019 1:41:01 PM Form: T: 8506176383 1/4
Division of Corporations Page 1 of 1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
15 MAY -5 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
SEMPER CAPITAL MANAGEMENT, L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEMPER CAPITAL MANAGEMENT, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ria A. Davis
Contact Person

Semper Capital Management, L.P.
Firm/Company

52 Vanderbilt Avenue, Suite 401
Address

New York, New York 10017
City, State and Zip Code

rdavis@sempercap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ria A. Davis, Esq. at (212) 612-9192
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
15 MAY -5 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

SEMPER CAPITAL MANAGEMENT, L.P.

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 04/11/2008

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Semper Capital Partners, LLC

52 Vanderbilt Avenue Suite 401

New York, New York 10017

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner: **Semper Capital Partners, LLC**



Typed or printed name:

Gregory A. Parsons - Authorized Person

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75