ALOUDODOODY

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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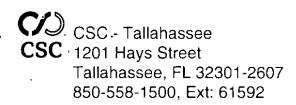


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RECEIVED



To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 10/11/23 Order #: 1289628-1

Re: West Highland Capital Partners, LLP

Processing Method: In-House

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$52.50 - FL State Account Number:

120000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

| TO: | Registration Division of C | | | |
|--|----------------------------|--|--|---|
| SUBJE | CT: WEST H | IIGHLAND CAPITAL PA | ARTNERS, LLLP | |
| 00001 | Na | me of Florida Limited Par | ARTNERS, LLLP | y Limited Partnership |
| The end | closed Certific | cate of Amendment a | nd fee(s) are submitted | for filing. |
| Please | return all corr | espondence concernii | ng this matter to: | |
| | | Contact Person | | |
| | | Firm/Company | | |
| | | Address | ·- <u>-</u> | |
| | (| City, State and Zip Code | | |
| E-r | nail address: (to | be used for future annual | report notification) | |
| For furt | her informati | on concerning this ma | atter, please call: | |
| | | | at () | time Telephone Number |
| | Name of Contac | et Person | Area Code and Day | time Telephone Number |
| Enclose | ed is a check f | or the following amo | unt: | |
| 5 \$52.5 | 0 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 |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

FILED 2023 OCT 11 AM 9: 50

| WEST HIGHLAND CAPITAL PARTI | NERS, LL | LP | ċ | Lot there | | |
|--|---|-------------------------------|-------------------|----------------------------|--|--|
| Insert name currer | ntly on file | with Florida Department | of State IA | LLAHASSEE. FLORIDA | | |
| Pursuant to the provisions of section 620. Ilmited liability limited partnership, whose February 5, 2010 , assig | | | | | | |
| adopts the following certificate of amendr | | | | | | |
| This amendment is submitted to amend the following | lowing: | | | | | |
| A. If amending name, enter the new name here: | of the lin | nited partnership or li | mited liah | oility limited partnership | | |
| New name must be di | istinguishal | ole and contain an accepta | ible suffix. | | | |
| Acceptable Limited Partnership suffixes: Limited I Acceptable Limited Liability Limited Partnership s | | | | L.L.L.P. or LLLP. | | |
| B. If amending mailing address and/or principal office address here: | principa | al office address, <u>ent</u> | er <u>new m</u> | ailing address and/or | | |
| New Principal Office Addre | New Principal Office Address: 6821 W. North Avenue, Suite 200 | | | | | |
| (Must be STREET address) | | Oak Park, Illinois 60302 | | | | |
| New Mailing Address: | - | 6821 W. North Avenue, | Suite 200 | | | |
| (May be post office box) | - | Oak Park, Illinois 60302 | } | | | |
| | - | | | | | |
| C. If amending the registered agent and/or r registered agent and/or the new registered of | _ | | records, <u>e</u> | nter the name of the new | | |
| Name of New Registered Agent: | Corpora | tion Service Company | | | | |
| New Registered Office Address: | 1201 Hays Street | | | | | |
| | Enter Florida street address | | | | | |
| | Tallaha | ssee | _ Florida _ | 32301 | | |
| | | City | _ | Zin Code | | |

New Registered Agent's Signature, if changing Registered Agent:

| | | If Changing Registered Agent, Signature of New Registered A | | | |
|---|------|---|----------------|--|--|
| O. If amending the general partner(s), enter the name and business address of each general partner be dded or removed from our records: | | | | | |
| <u>Title</u> | Name | Address | Type of Action | | |
| | | | ☐ Remove | | |
| | | | ☐ Add | | |
| | | | | | |
| | | | | | |
| <u>_:</u> | | | | | |
| | | | U Remove | | |

| F. If amending any other inf | ormation, enter o | change(s) here | : (Attach additio | nal sheets, if nece | ssary.) |
|---|---------------------------------------|--|-------------------------------|---|-------------------------|
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| | | | | | |
| Effective date, if other than the da (Effective date cannot be prior to nor me State.) | ate of filing: ore than 90 days aj | ster the date this | document is filed b | y the Florida Dep | artment of |
| Note: If the date inserted in this block d be listed as the document's effective dat | oes not meet the ap | plicable statuto nt of State's reco | ry filing requiremer ords. | nts, this date will n | Dt |
| | | | | | |
| Signature(s) of a general partne | er or all general | l partners*: | | | |
| (*NOTE: Only one current general partermoving a "limited liability limited part when adding or removing a "limited liab | tnership" election s | tatement. Chap | ter 620, F.S., requir | d partnership is ad res all general part | ding or ners to sign |
| Edward Schroeder | | | | | |
| Edward Schroeder, Manager of Rac | dandt Holdings, L | LC | | | |
| General Partner | | | | 2023 5-1 TALL | |
| | | | | J.C. AH. | 7 |
| | | | | ASS = | 1 |
| Signature(s) of all new or dissoc | iating general | partner(s), if | any: | | [1] |
| | | | | 9: 5 STAT LORI | |
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| - | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| Filing Fee: | \$52.50 | | | | |
| Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$8.75 | | | | |