

BO8000000 106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

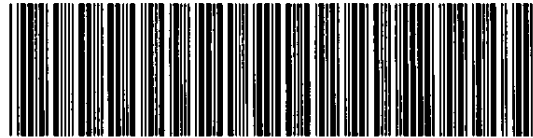
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2017 AUG 16 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 18 2017
J. HARRIS

0181116-211A

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SK Capital Partners, LP**

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:

Carrie Pierce

Contact Person

SK Second Reserve, LP

Firm/Company

1515 N Federal Highway Ste 405

Address

Boca Raton, FL 33432

City, State and Zip Code

cpierce@skpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie Pierce

Name of Contact Person

at (**561**) **362-6370**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2017

CARRIE PIERCE
1515 N FEDERAL HIGHWAY STE 405
BOCA RATON, FL 33432

SUBJECT: SK CAPITAL PARTNERS, L.P.
Ref. Number: B08000000106

RECEIVED
2017 AUG 16 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SK CAPITAL PARTNERS, L.P. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 817A00007728

FILED
2017 AUG 16 PM 2:31
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:
SK Capital Partners, LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: 808000000106

2. The jurisdiction of its formation is: DE

3. The date the entity was authorized to transact business in Florida is: May 14, 2008

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

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 LLLP.

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

<u></u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u></u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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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:

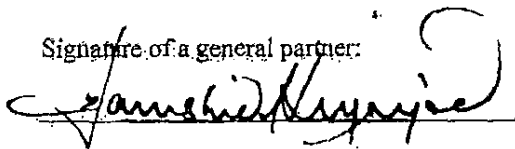
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ 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:



Typed or printed name:

Jamshid Keynejad

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

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2017 AUG 16 PM 2:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SK CAPITAL PARTNERS,
L.P.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO
"SK SECOND RESERVE, L.P." ON THE SECOND DAY OF JUNE, A.D. 2016,
AT 10:40 O'CLOCK A.M.*



4497623 8320
SR# 20175714981

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203056142

Date: 08-14-17