

B18000000038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUL 15 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 310019 4804708
AUTHORIZATION : 
COST LIMIT : \$ 52.50

ORDER DATE : July 18, 2018
ORDER TIME : 2:04 PM
ORDER NO. : 310019-010
CUSTOMER NO: 4804708

FOREIGN FILINGS

NAME: SOUTHOCEAN PRIVATE CREDIT
PARTNERS II LP

☐ CORPORATE
☒ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
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:

Yvette Yun

Contact Person

Seward & Kissel LLP

Firm/Company

One Battery Park Plaza, 24th Floor

Address

New York, NY 10004

City, State and Zip Code

clong@wldent.com

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

For further information concerning this matter, please call:

Yvette Yun

at (**212**) **574-1411**

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

**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:

SOUTHOCEAN PRIVATE CREDIT PARTNERS II, LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B18000000038

3. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 2/16/2018

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

Las Olas Private Credit II, 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.P., or L.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:

Fourth Generation Manager LLC

401 E. Las Olas Boulevard, Suite 2200

☒ Add
☐ Remove
☐ Change

Fort Lauderdale, Florida 33301

SouthOcean Investment Partners GP, LLC

401 E. Las Olas Boulevard, Suite 2220

☐ Add
☒ Remove
☐ Change

Fort Lauderdale, Florida 33301

☐ Add
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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:

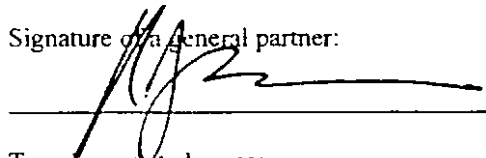
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ 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:

Robert J. Puck

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

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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 "SOUTHOCEAN PRIVATE CREDIT PARTNERS II, LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LAS OLAS PRIVATE CREDIT II, LP" ON THE EIGHTEENTH DAY OF JULY, A.D. 2018, AT 3:02 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED PARTNERSHIP IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAS OLAS PRIVATE CREDIT II, LP" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2018.




Jeffrey W. Bullock, Secretary of State

6756892 8320
SR# 20185807516

Authentication: 203115706
Date: 07-24-18

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