(Re	questor's Name)	
(Add	dress)	
(Adi	dress)	
- (City	y/State/Zip/Phone #	,
PICK-UP	WAIT	MAIL MAIL
(Sus	siness Entity Name)	
(Do	cument Number)	
fied Copies	Certificates	of Status
: (al Instructions to Filin	g Officer.	

Office Use Only



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A. RAMSEY JAN 2 5 2023



115 N CALHOUN STASTE, 4 TALLAHASSEE, Ft. 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 0	1/23/2023	
Name:	Greg Pintacuda	
Reference #:_	1888033	
Entity Name:_	KLCP ERISA FUI	ND E III LP
	of Incorporation/Authorization to Trans	
✓ Amendr	ment	
Change	e of Agent	
Reinsta	tement	
Convers	sion	
☐ Merger		
☐ Dissolut	tion/Withdrawal	
Fictitiou	is Name	
Other_	.	
Authorized Am	sount: \$52,50	
Signature:		

F: 800.944.6607

+44 (0)20.3961.3080

COVER LETTER

TO: Registi		Section orporations				
DNISK	лого	•				
SUBJECT: _				Fund E III LF		
		Name of Foreign Limite	d Partner:	ship or Limited Li	ability Limited Partnership	
The enclosed	amendi	ment and fee(s) are sul	omitted	for filing.		
Please return a	ıll corr	espondence concernin	g this m	atter to:		
		Anthony Pasqua				
		Contact Person		_		
	KLCF	PERISA Fund E III L	.Р			
		Firm/Company				
	225 Lil	perty Street, Suite 42	210			
		Address				
	Ne	ew York, NY 10281				
	C	ity. State and Zip Code				
;	anthor	ny.pasqua@klimllc.c	om			
E-mail add	ress: (to	be used for future annual r	eport not	ification)		
For further inf	ormati	on concerning this ma	tter, ple	ase call:		
	Anthon	y Pasqua	at (212)	782-3482	
Name	e of Con	tact Person	Are	a Code and Daytir	ne Telephone Number	
Enclosed is a	check f	or the following amou	int:			
\$52.50 Filing	ş Fee	\$61.25 Filing Fee and Certificate of Status		05.00 Filing Fee rtified Copy	[\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET AD		S:		MAILING A		
Registration Section		Registration Section				
Division of Co	-	ions		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Talłahassee, FL 32314				
Z001 Executiv Tallahassee, F	c cent	ei Clicie		ramanassee,	FL 32314	

AMENDMENT TO CERTIFICATE OF AUTHORITY 2023 JAN 24 AH 11: 02

FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership or lim the Florida Department of State is: KLCP EF	ited liability limited partnership as it appea	rs on the records of
2. Document Number of Foreign Limited Par	tnership or Limited Liability Limited Partne	ership: <u>B2100000016</u> 7
2. The jurisdiction of its formation is:	Delaware	
3. The date the entity was authorized to trans	act business in Florida is:April 21, 20	21
4. If the amendment changes the name of the the new name:	limited partnership or limited liability limi	ted partnership, enter
Acceptable Limited Partnership suffixes: Lin Acceptable Limited Liability Limited Partner. LLLP.		
5. If the amendment changes the general part Name:	ner(s), list the name and business address of Business Address:	of each general partner:
Kennedy Lewis GP III LLC	225 Liberty Street, Suite 4210	[Add
	New York, NY 10281	Remove XIChange
		Add
		lRemove Change
_ 		Add
		∏Remove ∏Change
		Add
		☐Remove ☐Change
		Add
		Remove Change
		Add
		Remove

	ment changes the jurisdiction of organization, indicate new jurisdiction:
7. If the amend corrected and the	ment corrects any false statement listed in the application, indicate the statement being ne correction:
8. If the amend the appropriate	ment is to add or delete an election to be a limited liability limited partnership statement, check box;
	The entity elects to be a limited liability limited partnership.
	The entity is no longer a limited liability limited partnership.
	an original certificate, no more than 90 days olds, evidencing the aforementioned duly authenticated by the official having custody of records in the jurisdiction under the law of y is organized.
10. Effective d (Effective date of Department of .	cannot be prior to nor more than 90 days after the date this document is filed by the Florida State.) KLCP ERISA Fund III E LP By: Kennedy Lewis GP III LLC, its General Partner
Signature of a g	general partner:
Typed or printe	d name:
Anthor	y Pasqua, Authorized Person
Filing Fee: Certified Copy Certificate of S	\$52.50 (optional): \$52.50 Status (optional): \$8.75