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LP Amend



2023 APR 19 PH 3: 21

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**A.** RAMSEY **APR 2 0 2023** 

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

AUTHORIZATION : SAK MACO COST LIMIT .

ORDER DATE: April 19, 2023

ORDER TIME : 12:47 PM

ORDER NO. : 686559-010

CUSTOMER NO: 4300092

### FOREIGN FILINGS

NAME: FOREST AVENUE CAPITAL

MANAGEMENT LP

\_\_\_ CORPORATE XX LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

### **COVER LETTER**

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respondence concerni	ng this matter to:			
Contact Person	<del></del>			
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for the following amo	unt:			
☐\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fec, Certified Copy, and Certificate of Status		
STREET ADDRESS:		ADDRESS:		
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	Contact Person el LLP Firm/Company  Address  0022  City, State and Zip Code  be used for future annual ion concerning this m  act Person for the following amo  \$\square\$	Corporations  Evenue Capital Management LP  ame of Florida Limited Partnership or Limited Liability icate of Amendment and fee(s) are submitted irespondence concerning this matter to:  Contact Person el LLP Firm/Company  Address  0022  City. State and Zip Code  be used for future annual report notification)  ion concerning this matter, please call:		

# CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP AM 8: 02 OF

Forest Avenue Capital Management LP

Insert name currently on file with Florida Department of State

•	•	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certifugust 17, 2022 adopts the following certificate of amendment to the provisions of section 620.1202, limited liability limited partnership, whose certifuguate following certificate of amendment to the provisions of section 620.1202, limited liability limited partnership, whose certifuguate following certificate of amendment to the provisions of section 620.1202, limited liability limited partnership, whose certifuguate following certificate of amendment to the provisions of section 620.1202, limited liability limited partnership.	ificate was filed wi	th the Florida Department of State on
This amendment is submitted to amend the following	<b>,</b> .	
A. If amending name, enter the new name of the here:	limited partnershi	p or limited liability limited partnership
New name must be distingui	ishable and contain an	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes		
B. If amending mailing address and/or principal office address here:	cipal office addres	s, enter new mailing address and/or
New Principal Office Address:	2850 Tigertail Av	enue
(Must be STREET address)	Suite 200 Miami, FL 33133	
New Mailing Address:	2850 Tigertail Av	enue
(May be post office box)	Suite 200 Miami, FL 33133	
C. If amending the registered agent and/or registered agent and/or the new registered of		s on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
		, Florida
<del></del>	City	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I
am familiar with and accept the obligations of my position as registered agent.

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Effective date, if other than the da (Effective date cannot be prior to nor mo State.)	te of filing; ore than 90 days a	ifter the da	tte this document is filed by the Florida Department of
			statutory filing requirements, this date will not
be listed as the document's effective date	. On the Departme	em or state	. S records.
Signature(s) of a general partne	r or all genera	al partne	<u> 215*:</u>
(*NOTE: Only one current general part	ner is required to	sign this d	locument unless the limited partnership is adding or Chapter 620, F.S., requires all general partners to sign
when adding or removing a "limited liab	ility limited partn	statement. iership" ele	Chapter 620, F.S., requires an general partners to sign ection statement.)
Forest Avenue Capital Management GP.	LLC		
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Signature(s) of all new or dissoc	iatina aanaral	l nartnar	(e) if any
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Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		
Certificate of Status (optional):	\$8.75		