



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
NEOCLASSIC CAPITAL MANAGEMENT LP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

Electronic Filing Menu Corporate Filing Menu

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FEB 03 2003

2023 FCS-3 AM 11:30

11.6

**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:
Neoclassic Capital Management LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership. B22000000483

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 10/07/2022

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

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.

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

[illegible]

Item	Quantity	Unit Price	Total Price	Action
_____	_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	_____	<input type="checkbox"/> Change

_____ ☐ Add
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_____ ☐ Add
 _____ ☐ Remove
 _____ ☐ Change

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:

Correct Business Address and Mailing Address:

200 S Biscayne Blvd, 20th Floor, Miami, FL 33131

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 old, 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: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

Signature of a general partner:

SungKun Lee
Managing Member GP LLC

Typed or printed name:

SungKun Lee, Managing Member of the General Partner,
Neoclassic Capital Management GP LLC

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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CLERK OF THE
DEPARTMENT OF
STATE