M14000003744

(Requ	uestor's Name)	
(Addı	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer;	

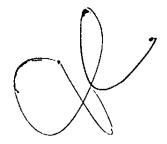
Office Use Only



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2023 MAR -9 AM II: 47



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Voloridge GP OS, LLC		
	Limited Liability Co	mpany
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) a	re submitted for filing	g.
Please return all correspondence concerning this	matter to the followi	ng:
Mark M. Kamp	_	
Name of Person		
Voloridge Investment Management, LLC		
Firm/Company		2023
110 Front Street, Suite 400		2023 MAR -9 AM II: 47
Address		R-9 AMII
Jupiter, FL 33477		R-9 AMII: 47
City/State and Zip Code		ATE PATE
legal@voloridge.com		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, p	lease call:	
Mark M. Kamp	at ()	770
Name of Person		time Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Division The Co 2415 N	Address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303
Enclosed is a check for the following a \$\sum \\$25 \text{ Filing Fee} \sum \\$30 \text{ Filing Fee & i} Certificate of Status	mount: ■ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: Voloridge GP OS, LLC			· · · · · · · · · · · · · · · · · · ·	_
Enter new principal office address, if applicable:		<u> </u>		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)				_ _
Enter new mailing address, if applicable:				20:
MAY BE A POST OFFICE BOX			;	2023 MAR
2. The Florida document number of this limited liability	ty company is: M1400000	3744	PHASSE PHASSE	-9
3. Jurisdiction of its organization: Delaware				AM : 47
4. Date authorized to do business in Florida: May 30.				
SECTION II (5-9 complete only the applicable char	nges)			
5. New name of the limited liability company: (must co	ntain "Limited Liability Co	ompany. " "L.L.C	or "LL	. C. ")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managi must contain "Limited Liability Company," "LL.C." of	ing members adopting the	business in Flori alternate name. T	ida and atta 'he alternate	ch a e name
6. If amending the registered agent and/or registered o registered agent and/or the new registered office addre	officer address on our recoress here:	ds, <u>enter the nam</u>	e of the nev	<u>w</u>
Name of New Registered Agent:			. —	
New Registered Office Address:				_
	Enter Florida Street Address			
	City	, Florida	Zip Code	_
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent at the provisions of all statutes relative to the proper and and accept the obligations of my position as registered document is being filed to merely reflect a change in to	nd agree to act in this cape I complete performance of I agent as provided for in (my duties, and L Chapter 605, F.S	am familiai . Or, if this	r with

If Changing Registered Agent. Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: change in sole member					
Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action		
AMBR	Voloridge Investment Management	110 Front Street, Suite 400	DAdd		
		Jupiter, FL 33477	■Remov		
AMBR	VIMPM, LLC	110 Front Street, Suite 400			
		Jupiter, FL 33477	□Remov		
			□Add		
			202 HAR - 9 AHII: LI Remov		
aforemention	Inder the law of which this ontity is organized the law of which this ontity is organized the signature of Mark M. Kamp, Authorized Si	y the official having custody of records in inized. The authorized representative	□Remov		

Filing Fee: \$25.00