

M14000003744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

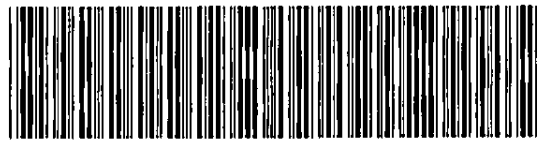
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2023 MAR -9 AM 11:47

CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Voloridge GP OS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark M. Kamp

Name of Person

Voloridge Investment Management, LLC

Firm/Company

110 Front Street, Suite 400

Address

Jupiter, FL 33477

City/State and Zip Code

legal@voloridge.com

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

For further information concerning this matter, please call:

Mark M. Kamp

at (561) 231-5770

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FL

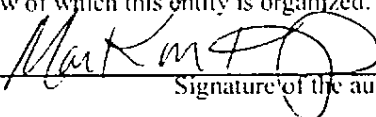
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
change in sole member

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Voloridge Investment Management	110 Front Street, Suite 400	<input type="checkbox"/> Add
		Jupiter, FL 33477	<input checked="" type="checkbox"/> Remove
AMBR	VIMPM, LLC	110 Front Street, Suite 400	<input checked="" type="checkbox"/> Add
		Jupiter, FL 33477	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF STATE

9. Attached is a certificate, if required: 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.


Signature of the authorized representative

Mark M. Kamp, Authorized Signatory

Typed or printed name of signee

Filing Fee: \$25.00