

M19 000000 9437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

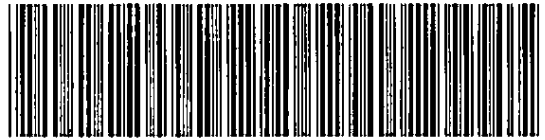
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
2022 FEB -3 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
FEB 17 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VSF Intermediate GP, 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, Florida 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

Name of Person

at (561) 231-5770

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

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

2022 FEB -3 PM 1:41

SECTION I (1-4 must be completed)

SECRETARY OF STATE
TALLAHASSEE, FL

1. Name of limited liability Company as it appears on the records of the Florida Department of State: VSF Intermediate GP, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000009437

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: October 2, 2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Voloridge GP OS I, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

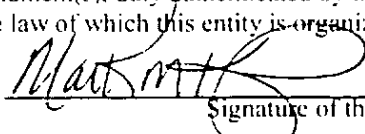
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "VSF INTERMEDIATE GP, LLC", CHANGING ITS NAME FROM "VSF INTERMEDIATE GP, LLC" TO "VOLORIDGE GP OS I, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF MAY, A.D. 2021, AT 4:18 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7621827 8100
SR# 20220275212

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202506800
Date: 01-27-22

**CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF
VSF INTERMEDIATE GP, LLC**

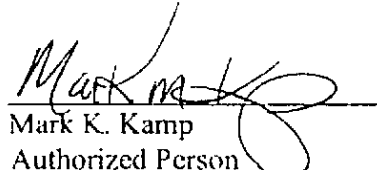
State of Delaware
Secretary of State
Division of Corporations
Delivered 04:18 PM 05/13/2021
FILED 04:18 PM 05/13/2021
SR 20211771361 - File Number 7621827

Pursuant to Article 18-202 of the Delaware Limited Liability Company Act:

1. The name of the Limited Liability Company is VSF Intermediate GP, LLC (the "LLC").
2. The original Certificate of Formation of the LLC was filed with the Secretary of State of the State of Delaware on September 23, 2019.
3. Article First of the Certificate of Formation of the LLC is hereby amended and restated as follows:

"FIRST: The name of the limited liability company formed hereby is Voloridge GP OS I, LLC."

IN WITNESS WHEREOF, the LLC has caused this Certificate of Amendment of Certificate of Formation to be executed this 13th day of May, 2021.

By: 
Name: Mark K. Kamp
Title: Authorized Person