

M20000004626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

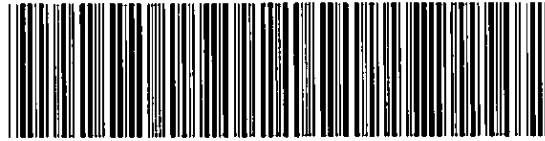
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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2020 JUN 29 AM 9:01

20 20 20 20 1:15

CLERKS  
JUN 30 2020

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/29/2020

**\*\*WALK IN\*\***

ENTITY NAME AVIATOR CAPITAL OPPORTUNITY FUND GP, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aviator Capital Opportunity Fund 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:

Lorna J. Virts, Paralegal

Name of Person

Smith, Gambrell & Russell, LLP

Firm/Company

1230 Peachtree St NE, Suite 3100

Address

Atlanta, GA 30309

City/State and Zip Code

LVirts@sgrlaw.com

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

For further information concerning this matter, please call:

Lorna J. Virts

Name of Person

at ( 404 ) 815-3500

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**

2020 JUN 29 AM 9:01

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Aviator Capital Opportunity Fund 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: M20000004626

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/20/2020

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

5. New name of the limited liability company: Aviator Capital Fund V GP, 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

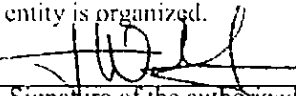
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

2020 JUL 29 AM 9: 01

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

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

Jorge Wolf, Manager

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 "AVIATOR CAPITAL OPPORTUNITY FUND GP, LLC", CHANGING ITS NAME FROM "AVIATOR CAPITAL OPPORTUNITY FUND GP, LLC" TO "AVIATOR CAPITAL FUND V GP, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2020, AT 10:56 O'CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

7967566 8100  
SR# 20205929027

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203183652  
Date: 06-26-20

**CERTIFICATE OF AMENDMENT**  
*to*  
**CERTIFICATE OF FORMATION**  
*of*  
**AVIATOR CAPITAL OPPORTUNITY FUND GP, LLC**

The undersigned, Aviator Capital Opportunity Fund GP, LLC (the "Company"), a limited liability company organized and existing under the Limited Liability Company Act of the State of Delaware, does hereby certify:

1. The name of the Company is Aviator Capital Opportunity Fund GP, LLC.
2. The Certificate of Formation of the Company is hereby amended as follows:

The name of the Limited Liability Company is **Aviator Capital Fund V GP, LLC**.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment this 26<sup>th</sup> day of June, 2020.

AVIATOR CAPITAL OPPORTUNITY  
FUND GP, LLC

By: /s/Thomas J. Stalzer  
Name: Thomas J. Stalzer  
Title: Authorized Person