

4/14/22, 12:11 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KINETIC PARTNERS GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2022 APR 14 PM 3:28

STATE OF FLORIDA
DIVISION OF CORPORATIONS

2022 APR 14 PM 12:45

FILED

Electronic Filing Menu

Corporate Filing Menu

Help T. LEMIEUX

APR 19 2022

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)

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

State: Kinetic Partners GP, LLC

Enter new principal office address, if applicable: 2601 S. Bayshore Drive, Suite 1110

(Principal office address
MUST BE A STREET ADDRESS)

Miami, FL 33133

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2601 S. Bayshore Drive, Suite 1110

Miami, FL 33133

2. The Florida document number of this limited liability company is: M21000012695

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 9-27-2021

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

5. New name of the limited liability company: _____
(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

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

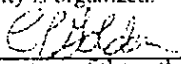
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

The addresses of the member and manager have changed

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Christopher Golden	5485 Hammock Drive	<input type="checkbox"/> Add
		Coral Gables, FL 33156	<input checked="" type="checkbox"/> Remove
Member	Christopher Golden	2601 S. Bayshore Drive, Suite 1110	<input checked="" type="checkbox"/> Add
		Miami, FL 33133	<input type="checkbox"/> Remove
Manager	Christopher Golden	5485 Hammock Drive	<input type="checkbox"/> Add
		Coral Gables, FL 33156	<input checked="" type="checkbox"/> Remove
Manager	Christopher Golden	2601 S. Bayshore Drive, Suite 1110	<input checked="" type="checkbox"/> Add
		Miami, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

Christopher Golden, Member

Typed or printed name of signer

Filing Fee: \$25.00