M21000015719

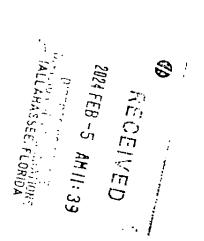
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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R. HUNT

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592
Date: 02/05/24
Order #: 1413734-2
Re: KS Partners I, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195 Authorization:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KS Partners I, LLC	
Name of For	eign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Roger J. Klauer	
Name of Person	
KSP Investment Co., LLC	•
Firm/Company	
1507 Place Picardy	
Address	
Winter Park, FL 32789	
City/State and Zip Co	ode
roger@klauersimonpartners.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matt	ter, please call:
Timothy C. Simon	973 270-8938
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 followin \$\text{S25 Filing Fcc}\$ \$\times \text{S30 Filing Fee & Certificate of Status}\$	☐ \$55 Filing Fee & ☐ \$60 Filing Fee,

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: KS Partners I, 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: M21000015719
3. Jurisdiction of its organization:
3. Jurisdiction of its organization: Delaware November 22, 2021 Delaware November 22, 2021
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: KSP Investment Co., 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.I.,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
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 we 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 limit liability company has been notified in writing of this change.

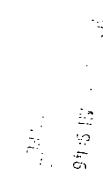
. If the amendment c	hanges person, title or capacity in	accordance with 605.0902 (1)(e), indicate	e that change:
itle/ Capacity	Name	<u>Address</u>	Type of Action
			□Add
			□Remo
	<u>,</u>		□Add
			 □Add
			☐Remo
			<u>in S</u> □Add
			□Remo
aforementioned am	ne law of which this entity is org	y the official having custody of records	□Remo in the

Filing Fee: \$25.00

<u>Delaware</u>

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 "KS PARTNERS I, LLC",
CHANGING ITS NAME FROM "KS PARTNERS I, LLC" TO "KSP INVESTMENT
CO., LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF FEBRUARY,
A.D. 2024, AT 2:21 O'CLOCK P.M.





Authentication: 202734273

Date: 02-04-24

3564466 8100 SR# 20240341924

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows:	of Formation of the limited liability	company is nereby an
	e of the limited liabilit	y company is K
Investment		- 1
•		
	VHEREOF, the undersigned have of	executed this Certificat
IN WITNESS V	VIIIIIOI, inc andersigned have t	
		, A.D. <u>2024</u>
		, A.D. <u>2024</u>
in witness v		, A.D. <u>2024</u>