

M220000015012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

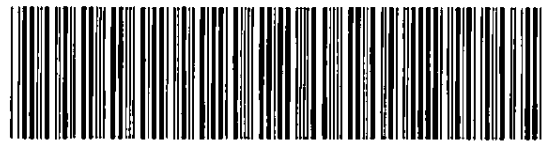
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200414503602

08/28/23--01037--011 **25.00

2023 AUG 28 PM 12:40
DIVISION OF CORP. AFF. 1

PAID 1.00
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08/28/23



August 18, 2023

Florida Division of Corporations –

Our business has recently had a name change, effective as of August 18, 2023. I would appreciate if you would update your records.

EIN:	88-3226459
FL Doc:	M22000015012
Old Name:	KE3 GP LLC
New Name:	Kirenaga Matrix GP LLC
New Address:	815 N. Atlantic Ave Cocoa Beach, FL 32931

Please direct any correspondence to cfo@kirenaga.com or (914) 202-6046.

Best Regards,

David Scalzo
Manager

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KE3 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:

DAVID SCARZO
Name of Person

Firm/Company

815 N. ATLANTIC AVE
Address

COCOA BEACH, FL 32931
City/State and Zip Code

cto@kirenaga.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID SCARZO at (914) 202-6046
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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**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: KE3 GP LLC

Enter new principal office address, if applicable:

815 N. ATLANTIC AVE

(Principal office address

MUST BE A STREET ADDRESS)

COCOA BEACH, FL 32931

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:

M 2200001501

3. Jurisdiction of its organization:

DE

4. Date authorized to do business in Florida:

9-28-2022

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

5. New name of the limited liability company:

KIRENAGA MATRAX 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:

KIRENAGA MANAGEMENT LLC

New Registered Office Address:

815 N. ATLANTIC AVE

Enter Florida Street Address

COCOA BEACH

Florida

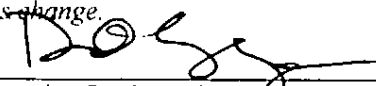
32931

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

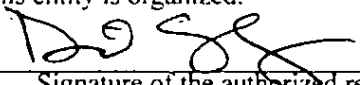
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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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_____	_____	_____	<input type="checkbox"/> Remove

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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

DAVID SCAZZ
Typed or printed name of signee

Filing Fee: \$25.00

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

Name: David Scalzo

Print or Type