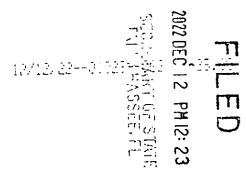
# M22000016220

Office Use Only



400398134034



2/2**3**/23 V:LN

### **COVER LETTER**

| TO: Registration Section Division of Corporations  | . # i #   |
|--|---|
|  |   |
| SUBJECT: Romanesque Capital Management, 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:  |   |
| Simon Riveles  |   |
| Name of Person   |   |
| Riveles Wahab, LLP   |   |
| Firm/Company   |   |
| 55 Grumman Hill Rd.  |   |
| Address  |   |
| Wilton, CT 06897   |   |
| City/State and Zip Code  |   |
| mikecaravaglio@gmail.com  E-mail address: (to be used for future annual report notification)   |   |
| For further information concerning this matter, please call:   |   |
|  | 096   |
| Name of Person Area Code & Daytime Te  |   |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee, FL 32314Tallahassee, FL 32314Tallahassee, International Street Address: | Section<br>forporations<br>f Tallahassee<br>roe Street, Suite 810 |
|  | 60 Filing Fee,<br>Certificate of Status &<br>Certified Copy       |

### 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 appear  | rs on the records of the Florida Department of   |  |  |  |
|--|--|--|--|--|
| State: Romanesque Capital M  | Romanesque Capital Management, LLC   |  |  |  |
| Enter new principal office address, if applicable:   | 4850 Tamiami Trail North, Suite 301  |  |  |  |
| (Principal office address Naples, FL 34103  MUST BE A STREET ADDRESS)  |  |  |  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 4850 Tamiami Trail North, Suite 301<br>Naples, FL 34103  | 2027 DEC   |  |  |
| 2. The Florida document number of this limited lie   | ability company is: M22000016220   | AN OF ST.  |  |  |
| 3. Jurisdiction of its organization: Delaware  |  | 2 HE   |  |  |
| 4. Date authorized to do business in Florida: Oct  | lober 20, 2022   |  |  |  |
| SECTION II (5-9 complete only the applicable   | changes)   |  |  |  |
| 5. New name of the limited liability company: (mus   | st contain "Limited Liability Company, " "L.L.C  | .," or "LLC.")                                     |  |  |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.   | anaging members adopting the alternate name. T   | ida and attach a<br>The alternate nam              |  |  |
| 6. If amending the registered agent and/or registered agent and/or the new registered office a   | red officer address on our records, enter the nam  | e of the new                                       |  |  |
| Name of New Registered Agent:  |  | <del> </del>                                       |  |  |
| New Registered Office Address: 4850 Tamian   | ni Trail North, Suite 301  |  |  |  |
|  | Enter Florida Street Address   |  |  |  |
|  | Naples, Florida 3  | 4103<br>Zip Code                                   |  |  |
| New Registered Agent's Signature, if changing Rel hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the | egistered Agent:<br>ent and agree to act in this capacity. I further ag<br>r und complete performance of my duties, and I<br>tered agent as provided for in Chapter 605, F.S.<br>t in the registered office address, I hereby confir | ree to comply wi<br>am familiar with<br>Or if this |  |  |

| . If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: |                                       |  |                |
|--|---------------------------------------|--|----------------|
| tle/ Capacity  | Name                                  | Address                                | Type of Action |
|  |                                       |  | □Add           |
|  |                                       | <del></del>                            | □Remo          |
|  |                                       |  |                |
|  |                                       |  | □Remo          |
|  |                                       |  | □Add           |
|  |                                       |  | □Remo          |
|  | <u> </u>                              |  | □Add           |
|  |                                       |  | □Remo          |
| <del></del>  |                                       |  |                |
| aforementioned am  | ne law of which this entity is at the | The official having custody of records | □Remo          |

Filing Fee: \$25.00



### State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

8339589 RIVELES WAHAB, LLP 55 GRUMMAN HILL RD. WILTON, CT 06897

12-06-2022

#### ATTN: SIMON RIVELES

| DESCRIPTION   |                              | AMOUNT               |
|---|------------------------------|----------------------|
| 6219329 - ROMANESQUE CAPITAL PARTNERS, LP<br>0240 Amendment |                              |                      |
|   | Amendment Fee                | \$200.00             |
|   | Expedite Fee, Same Day       | \$200.00             |
|   | TOTAL CHARGES TOTAL PAYMENTS | \$400.00<br>\$400.00 |
|   | BALANCE                      | \$0.00               |

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:53 AM 12/06/2022
FILED 10:53 AM 12/06/2022
SR 20224183722 - File Number 6219329

## STATE OF DELAWARE AMENDMENT TO THE CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to amend the Certificate of Limited Partnership pursuant to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follows:

FIRST: The name of the Limited Partnership is Romanesque Capital Partners, LP

SECOND: Article 3 of the Certificate of Limited Partnership shall be amended as follows:

THIRD: The name and mailing address of each general partner is as follows:

Romanesque Capital Management, LLC
4850 Tamiami Trail North, Suite 301, Naples, FL 34103

IN WITNESS WHEREOF, the undersigned executed this Amendment to the Certificate of Limited Partnership on this 5th day of December , A.D. 2022.

By: Address Comments.

Name: Michael Caravaglio

Print or Type

Manager of General Partner,

Remanesque Capital Management, LLC