



**State of California  
Secretary of State**

LP-6

**FILED**

Secretary of State  
State of California

09/20/2021

Filing Date

**Foreign Limited Partnership  
Amendment to Application for Registration**

A \$30.00 filing fee must accompany this form.

**IMPORTANT – Read instructions before completing this form.**

This Space For Filing Use Only

<b>Entity Number</b>	<b>Entity Name</b> (Enter the exact name of the limited partnership.)
1. CA Secretary of State Entity Number 201930800008	2. Name Under Which the Foreign Limited Partnership Conducts Business in California KINGSWOOD CAPITAL MANAGEMENT, L.P.

**Items 3 through 13:** (Complete ONLY the items to be amended or added by this filing. Attach additional pages, if necessary. Any other matters to be included may be made on an attachment to this document. Any attachments are incorporated herein by this reference and made part of this document.)

**Entity Name as amended** (Complete Item 3 if the actual name of the foreign limited partnership has changed in the foreign jurisdiction **AND** include a certificate from an authorized public official in the foreign jurisdiction, certifying that the limited partnership is in good standing and that the name was changed according to the laws of that jurisdiction. Complete Item 4 if amending or adding an alternate name in California. See instructions.)

3. Name of Foreign Limited Partnership As Amended in the Foreign Jurisdiction

4. Alternate Name (See instructions before completing Item 4.)

**Entity Addresses**

5a. Street Address of Principal Office 11812 SAN VICENTE BLVD, STE 604	City LOS ANGELES, CA	State CA	Zip Code 90049
5b. Mailing Address of Principal Office, if different from Item 5a	City	State	Zip Code
6. Address of Office Required in the Jurisdiction of Formation, if any	City	State	Zip Code

**Agent for Service of Process** (If the agent is an individual, complete both Items 7 and 8. If the agent is a corporation, complete Item 7 and leave Item 8 blank.)

7. Name of Agent for Service of Process  
C T Corporation System

8. If an individual, Street Address of Agent for Service of Process in CA  
City  
State  
CA  
Zip Code

**General Partner Information (New Partner, Address Change, Name Change, and/or Withdrawn Partner(s))**

9. New Partner	Name	Address	City	State	Zip Code
10. Address Change	Name	Address	City	State	Zip Code
11. Name Change	From:		To:		
12. Withdrawn Partner(s)	Name:		Name:		

**Foreign Limited Liability Limited Partnership**

13.  Check this box if the foreign limited partnership is a foreign limited liability limited partnership.

**Execution** (This document must be signed by at least one general partner of the foreign limited partnership. If additional signature space is necessary, the signatures may be made on an attachment to this document.)

14. I declare I am the person who executed this instrument, which execution is my act and deed. By signing this document I affirm under penalty of perjury that the facts stated are true.

*Alexander Wolf*  
Signature of General Partner

ALEXANDER WOLF  
Type or Print Name of General Partner