

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Office of the Clerk

September 23, 2019

MARSHALL P SCHUTT 406 W FRANKLIN ST 3RD FLOOR RICHMOND, VA 23220

RECEIPT

RE: Schutt Private Investment Fund, LP

ID: L019977 - 0

DCN: 19-09-13-0016

Dear Customer:

This receipt acknowledges payment of \$25.00 to cover the fee for filing a certificate of amendment for a limited partnership with this office.

The effective date of the amendment is September 23, 2019.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Joel H. Peck Clerk of the Commission

RECEIPT LPAAD CIS0363

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CIS 09/18/19 CIS0353 1 11 CISM3220 LIMITED PARTNERSHIP DATA INQUIRY 17:06:19 L/P ID: L019977 - 0 STATUS: 00 ACTIVE V STATUS DATE: 10/06/17 L/P NAME: Schutt Private Investment Fund, LP DATE OF FILING: 12/10/2008 PERIOD OF DURATION: 12/31/2045 INDUSTRY CODE: 00 STATE OF FILING: VA VIRGINIA MERGER INDICATOR: LLP-CONT-DTE: LLP-EFF-DTE: LLP-EXP-DTE: PRINCIPAL OFFICE ADDRESS LLP-STATUS: N STREET: 117 S 14TH ST STE 210 CITY: RICHMOND STATE: VA ZIP: 23219-0000 REGISTERED AGENT INFORMATION R/A NAME: MARSHALL P SCHUTT STREET: 406 W FRANKLIN ST, 3RD FLOOR RTN MAIL: CITY: RICHMOND STATE: VA ZIP: 23220-0000 R/A STATUS: 7 MEMBER/MANAGER EFF DATE: 10/26/17 LOC: 216 RICHMOND CITY YEAR FEES PENALTY INTEREST BALANCE 19 50.00 COMMAND: 4 AÛ 05,016

General Partner: Schutt Capital Management LLC

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COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

CERTIFICATE OF AMENDMENT OF A CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, on behalf of the limited partnership set forth below, pursuant to Title 50, Chapter 2.1 of the Code of Virginia, state(s) as follows:

1. The name of the Virginia limited partnership is

Schutt Private Investment Fund, LP

2. The initial certificate of limited partnership was filed with the State Corporation Commission on 12 10 2008

- 3. The certificate of limited partnership is amended as follows (complete appropriate subsection(s)):
 - A. The name of the limited partnership has changed to
 - B. The limited partnership's principal office address, including the street and number, if any, has changed to <u>406 W Franklin Street 3¹² FL</u> <u>Richmond</u> VA 23220
 - (number/street) (city or town) (state) (zito under whose law
 - C. The name of each general partner that has **withdrawn** and, if it is a business entity, the jurisdiction under whose laws it is incorporated, organized or formed, and its SCC ID number, if assigned, are:

(name of general partner)

(SCC ID #, if assigned) (jurisdiction of organization)

- D. (Check if applicable) D Notwithstanding the withdrawal of one or more general partners, the business of the limited partnership is to continue pursuant to § 50-73.49 of the Code of Virginia.
- E. The name and post office address, including the street and number, if any, of each **new** general partner that has been **admitted** and, if it is a business entity, the jurisdiction under whose laws it is incorporated, organized or formed, and its SCC ID number, if assigned, are:

(state)	(zip)	
	(state)	(state) (zip)

Check and complete if applicable:

Each of the following **new** general partners that is a business entity is serving, without more, as a general partner of the limited partnership and does not otherwise transact business in Virginia. See §§ 13.1-757, 13.1-1059 and/or 50-73.61 of the Code of Virginia.

gnature(s) of general partner(s):	
Wowld B	9/11/19
(signature) MANSMALL P. SCHLTT, MANAGING MEMBER OF THE	(date)
(printed name and title) GENERAL PARTNER Schuff Capital Management LLC	(telephone number (optional)
(signature)	(date)
(printed name and title)	(telephone number (optional))
LO199770 (limited partnership's SCC ID No.)	<u> </u>

Personal Information, such as a social security number, should NOT be included in a business entity document submitted to the Office of the Clerk for filing with the Commission. For more information, see Notice Regarding Personal Identifiable Information at <u>www.scc.virginia.gov/clk/index.aspx</u>

REVIEW THE INSTRUCTIONS THAT FOLLOW BEFORE SUBMITTING THIS FORM.