

M04 0000005447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

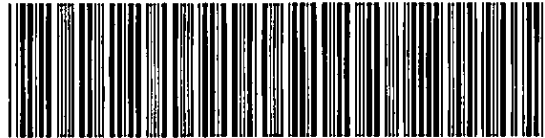
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2021 JUN 22 PM 3:08

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southern Hospitality Associates, L.L.C.  
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:

Cynthia Slack

Name of Person

Cedarwood Development, Inc.

Firm/Company

3200 West Market Street, Suite 200

Address

Fairlawn, OH 44333

City/State and Zip Code

cslack@cedarwoodc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Slack at (330) 664-9446  
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:**

- |                                                     |                                                                     |                                                              |                                                                                        |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$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 appears on the records of the Florida Department of

State: Southern Hospitality Associates, L.L.C.

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: M04000005447

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 12/10/2004

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

5. New name of the limited liability company: Bradenton Land Company III, L.L.C.  
(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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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            |
|                        |             |                | <input type="checkbox"/> Remove         |
|                        |             |                | <input checked="" type="checkbox"/> Add |
|                        |             |                | <input type="checkbox"/> Remove         |
|                        |             |                | <input type="checkbox"/> Add            |
|                        |             |                | <input type="checkbox"/> Remove         |
|                        |             |                | <input type="checkbox"/> Add            |
|                        |             |                | <input type="checkbox"/> Remove         |
|                        |             |                | <input type="checkbox"/> Add            |
|                        |             |                | <input type="checkbox"/> Remove         |

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

Andrew R. Duff, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00



| DATE       | DOCUMENT ID  | DESCRIPTION                                    | FILING | EXPED | CERT | COPY |
|------------|--------------|------------------------------------------------|--------|-------|------|------|
| 06/16/2021 | 202116702190 | LIMITED LIABILITY COMPANY - AMENDMENT<br>(LAM) | 50.00  | 0.00  | 0.00 | 0.00 |

**Receipt**

This is not a bill. Please do not remit payment.

CEDARWOOD DEVELOPMENT, INC.  
3200 WEST MARKET STREET  
SUITE 200  
FAIRLAWN, OH 44333

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
1504680**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**BRADENTON LAND COMPANY III, L.L.C.**

and, that said business records show the filing and recording of:

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

Effective Date: 06/16/2021

Document No(s):

**202116702190**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
16th day of June, A.D. 2021.

**Ohio Secretary of State**

Form 543A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

**Domestic Limited Liability Company Certificate of  
Amendment or Restatement**  
**Filing Fee: \$50**  
**Form Must Be Typed**

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

12/08/2004

Date of Formation  
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

MM/DD/YYYY

Date of Formation  
(MM/DD/YYYY)

The undersigned authorized representative of:

SOUTHERN HOSPITALITY ASSOCIATES, L.L.C.

Name of Limited Liability Company

1504680

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Bradenton Land Company III, L.L.C.

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Andrew R. Duff, Authorized Representative

Signature

By (if applicable)

Andrew R. Duff

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name