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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE TERRACES, JACARANDA CLUB LUXURY RENTALS LLC

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Help

## 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			
State: THE TERRACES, JACARANDA CLUB	LUNGKT KINTALS ELC		
Enter new principal office address, if applicable:			·· <del>··</del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)			<u> </u>
	A11100000.1\$		18
2. The Florida document number of this limited lia	ibility company is:	00	<del>.</del>
3. Jurisdiction of its organization: Delaware		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
4. Date authorized to do business in Florida: 5/19	/2011	SS	φ 1
SECTION II (5-9 complete only the applicable			恒星
5 New name of the limited liability company:(mus	t contain "Limited Liability Coπ	npany, ""E.L.C.," or "L	F. S.
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or maintest contain "Limited Liability Company," "L.L.C	naging members adopting the alt	usiness in Florida and at ernate name. The alterno	tach sate name
6. If amonding the registered agent and/or registers registered agent and/or the new registered office as	ed officer address on our records ddress here:	enter the name of the n	eir
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida Street Address			
	Cin <sup>.</sup>	Florida Zip Code	<del></del>
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ages 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 th	gistered Agent: nt and agree to act in this capac, and complete performance of m ered agent as provided for in Ch in the registered office address,	ity. I further agree to co v duties, and I am familt papter 605, F.S. Or, if th	mply with sar with is
IfC	hanging Registered Agent, Sign:	nure of New Registered	Agent

Signature of the authorized representative

Porcia Guerin, Secretary

Typed or printed name of signee

Filing Fee: \$25.00