

**M130001616**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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(((H22000360003 3)))



H220003600033ABCQ

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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : CAPITOL SERVICES, INC.  
 Account Number : I20160000017  
 Phone : (855)498-5500  
 Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 KITSON & PARTNERS COMMUNITIES ACQUISITIONS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2022 OCT 20 PM 1:00:28

2022 OCT 20 PM 2:34  
 FLORIDA DEPARTMENT OF STATE  
 ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED

APPROVED  
 AND  
 FILED

H22000360003

**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: KITSON & PARTNERS COMMUNITIES ACQUISITIONS, LLC

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: M13000001616

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 13, 2013

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

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

**KITSON & PARTNERS ACQUISITIONS, 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

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TALLAHASSEE, FLORIDA

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

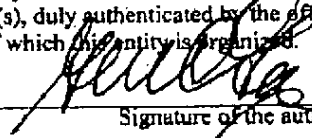
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

Title/Capacity	Name	Address:	Type of Action
_____	_____	_____	<input 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
_____	_____	_____	<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

Glenn C. Geiger

Typed or printed name of signee

Filing Fee: \$25.00

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "KITSON & PARTNERS COMMUNITIES ACQUISITIONS, LLC", CHANGING ITS NAME FROM "KITSON & PARTNERS COMMUNITIES ACQUISITIONS, LLC" TO "KITSON & PARTNERS ACQUISITIONS, LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2022, AT 4:48 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:48 PM 10/18/2022  
FILED 04:48 PM 10/18/2022  
SR. 20213801373 - File Number 4602660

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF FORMATION  
OF  
KITSON & PARTNERS COMMUNITIES ACQUISITIONS, LLC**

It is hereby certified that:

1. The name of the limited liability company is **KITSON & PARTNERS COMMUNITIES ACQUISITIONS, LLC** (hereinafter called the "Company"). The filing date of the Certificate of Formation was September 23, 2008.

2. Pursuant to the Delaware Limited Liability Company Act, the Certificate of Formation of the Company is hereby amended as follows:

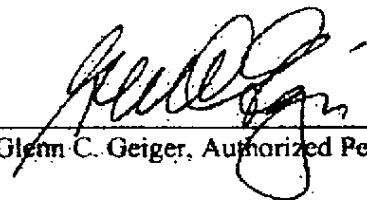
3. Article 1. of the Certificate of Formation of the Company is hereby deleted in its entirety and the following text is inserted in lieu thereof:

"1. The name of the limited liability company is **KITSON & PARTNERS ACQUISITIONS, LLC** (the "Company")."

4. Except as hereby amended, the Certificate of Formation of the Company shall remain unchanged.

5. This amendment shall be effective as of the date of filing of this Certificate of Amendment.

Executed on this 18<sup>th</sup> day of October, 2022.

  
\_\_\_\_\_  
Glenn C. Geiger, Authorized Person