

M220000007335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

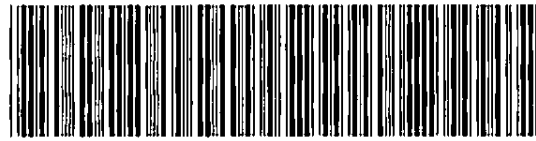
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LLC amend

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2022 JUL -7 AM 10:27

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2022 JUL -7 PM 1:51

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

A. RAMSEY

JUL 08 2022

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155 Office Plaza Dr Ste A Tallahassee FL 32301  
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**DATE: 07/07/22**

**NAME: TM WESTVIEW MEMBER, LLC**

**TYPE OF FILING: APPLICATION**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**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: TM WESTVIEW MEMBER, 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: M22000007335

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 05/11/2022

**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.")

(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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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:

SEE ATTACHED LIST

<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 type="checkbox"/> Add
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_____	_____	_____	<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.

*Caroline G. Estrada*

Signature of the authorized representative

CAROLINE G. ESTRADA

Typed or printed name of signee

Filing Fee: \$25.00

TM WESTVIEW MEMBER, LLC

Document Number: M22000007335

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Agent (Orlando)-Closing, Authorized Agent (Orlando)- Operating Bank Accounts, Authorized Agent (Orlando)-Sales	Herskovitz, Amy	2600 Lake Lucien Drive, Suite 350 Maitland, FL 32751	Remove
Authorized Agent (Orlando)- Land Development, Authorized Agent (Orlando)- Land Permits	Isaacs, Heather	2600 Lake Lucien Drive, Suite 350 Maitland, FL 32751	Remove
Authorized Agent (Orlando)-Closing, Authorized Agent (Orlando)- Operating Bank Accounts, Authorized Agent (Orlando)-Sales	Delgado , Denys	2600 Lake Lucien Drive, Suite 350 Maitland, FL 32751	Add
Vice President	Isaacs, Heather	2600 Lake Lucien Drive, Suite 350 Maitland, FL 32751	Add