## M16000002525

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Endly Name)
(Document Number)
Certified Copies Certificates of Status
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- Resulbmit -Please give original Submission date as file date

## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2018

CSC

SUBJECT: A3 SOUTH DEVELOPMENT, LLC

Ref. Number: M16000002525

We have received your document for A3 SOUTH DEVELOPMENT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 418A00019494

Octavia L Simmons Regulatory Specialist III

18 SEP 19 PM 2: 15

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 388003 4320503
AUTHORIZATION :
COST LIMIT : \$25.00
ORDER DATE : September 14, 2018
ORDER TIME : 9:02 AM
ORDER NO. : 388003-005
CUSTOMER NO: 4320503
FOREIGN FILINGS
NAME: A3 SOUTH DEVELOPMENT, LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Emily Croft EXT# 62925

EXAMINER:

## 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)

Employment to 1 per less to the control of the cont	<del></del>	
Enter new principal office address, if applicable	·	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable:		
( <u>Muiling address</u> <u>MAY BE A POST OFFICE</u> BOX)		
		913
2. The Florida document number of this limited l	liability company is: M16000002525	SEP 18
3. Jurisdiction of its organization: Delawa	re	# 5
4. Date authorized to do business in Florida: M	5.00	
SECTION II (5-9 complete only the applicable	e changes)	
. New name of the limited liability company:	A3 Amenities, LLC	
(mu	ist contain "Limited Liability Company, " "L.1	C.," or "LLC.")
If name unavailable, enter alternate name adopte opy of the written consent of the managers or moust contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Fl anaging members adopting the alternate name. .C." or "LLC.")	orida and attach a The alternate name
If name unavailable, enter alternate name adopte opy of the written consent of the managers or moust contain "Limited Liability Company," "L.L If amending the registered agent and/or register	ed for the purpose of transacting business in Flanaging members adopting the alternate name.  "C." or "LLC.")	orida and attach a The alternate name
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
le/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action	
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			Remo	
<u></u>			<b>∞</b> Ndd -	
			Remov	
			Add	
	-		Remove	
			Add	
forementioned ame	rate, if required: no more than 90 days ndment(s), duly authenticated by the ce law of which this entity is organized	official having custody of reco	Remove	
	Signature of the a	uthorized representative		

Filing Fee: \$25.00

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "A3 SOUTH DEVELOPMENT,

LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "A3

AMENITIES, LLC" ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2018, AT

2:06 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 203436043 Date: 09-17-18

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