

L19000037584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

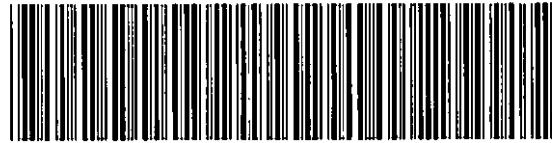
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JAN 17 2025

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FILED
2025 JAN 16 AM 10:10
2025 JAN 16 AM 11:34
RECEIVED
FILING OFFICE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 1/16/2025

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1341735

ORDER ENTITY
SREIT ARIVA POND, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SREIT ARIVA POND, LLC (FL)

File the attached restated document and provide a certificate of status.

NOTES:

\$30.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MB" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED
2025 JAN 16 AM 10:11
ESTD

**SECOND AMENDED AND RESTATED ARTICLES OF ORGANIZATION
OF
SREIT ARIVA POND, LLC**

THIS Second Amended and Restated Certificate of Formation of SREIT Ariva Pond, LLC (the "**LLC**"), dated as of January 15, 2025, has been duly executed and is being filed by the undersigned, as an authorized person, in accordance with the provisions of Chapter 608 of the Florida Statutes, to amend and restate the Amended and Restated Articles of Organization of the LLC, which were filed on June 30, 2021, with the Secretary of State of the State of Florida (the "**Certificate**").

The Certificate is hereby amended and restated in its entirety to read as follows:

1. **Name.** The name of the limited liability company is Centennial Ariva Pond, LLC.
2. **Address.** The principal office and mailing address of the limited liability company is 3348 Peachtree Road, NE, Suite 1000, Atlanta, Georgia 30326.
3. **Registered Office.** The address of the registered office of the LLC in the State of Florida is 1200 South Pine Island Road, City of Plantation, County of Broward, State of Florida, 33324.
4. **Registered Agent.** The name and address of the registered agent for service of process on the LLC in the State of Florida is C T Corporation System.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.

IN WITNESS WHEREOF, the undersigned has executed this Amended and Restated Certificate of Formation as of the date first-above written.


Name: Erin C. Hewitt
Title: Authorized Person