L22000426637

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CORPORATE ACCESS, _

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WALK IN

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	AMEND TO STATEMENT OF AUTHORITY
	JEN FLORIDA 49 LLC (CORPORATE NAME AND DOCUM	ENT #)
_	(CORPORATE NAME AND DOCUM	ENT #)
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	(CORPORATE NAME AND DOCUMI	ENT#)
-	(CORPORATE NAME AND DOCUMI	ENT #)
_	(CORPORATE NAME AND DOCUMI	CNUP 45

COVER LETTER

TO: Reg Div	gistration Section vision of Corporations		
SUBJECT:	JEN Florida 49 LLC		
oebone i.		imited Liability Com	pany
Dear Sir or M		·	,
The enclosed	d Amendment or Cancellation of State	ment of Authority and	d fee(s) are submitted for filing.
	all correspondence concerning this m		
Richard J	lerman		
	Name of Person		
Sun Terra	a Communities		
	Firm/Company		
1750 W. E	Broadway, Suite 111		
	Address		
Oviedo, F	L 32765		
	City/State and Zip Code		
rjerman@	sunterracommunities.com		
E-m	ail address: (to be used for future annu	ual report notification)
For further in	formation concerning this matter, plea	ise call:	
Richard Je	erman	407 aı ()	542-4909
	Name of Person	Area Code	542-4909 Daytime Telephone Number
STR	EET/COURIER ADDRESS:		G ADDRESS:
Regi	stration Section	Registratio	
	sion of Corporations on Building	Division o	f Corporations
Cinc	on building	P.O. Box (b327

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

SECON	D: The Florida Document number of the limited li	ability company is: L2200042663	37	
THIRD	: The street address of the limited liability compand 1750 W. Broadway	ny`s principal office is:		
	Suite 111		_	
	Oviedo, FL 32765		_	
	The mailing address of the limited liability comp	pany's principal office is:	_	
	Suite 111	_		
	Oviedo, FL 32765	-	282 TĂI	
FOURT	2023 AUG 22 AM 10: 38 TÄLLAHÄSSEE, FLORID			
or	The statement of authority is cancelled.		SEE.	1
	The amendment to the statement of author	· ·	H 10: 38	Ţ
	Authority to act on behalf of the Company is granted to Dan		JUA 36	•
	Edwards in his capacity as Vice President			
	obligations by Denver Marlow have be	_		
		See attached Signa	ture Pg.	
Signature	of authorized representative	Typed or printed name o	f signature	

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E145 (2/14)

Signature Page To Statement of Authority

JEN 8 LBA LLC, a Delaware limited liability company

JEN 8 LP, a Delaware limited partnership, BY: Its co-manager

> By: JEN 8 GP LLC, a Delaware limited Liability company, its general partner

> > Name: Ethan Leibowitz

Its: President

BY: JEN 8 Carry LLC, a Delaware limited Liability company, its co-manager

> BY: JEN 8 Funding B LLC, a Delaware Limited liability company, its comanaging member

> > By: JEN 8 Parallel Fund LP, a Delaware limited partnership, its Member

> > > By: JEN 8 GP LLC, a Delaware limited liability company, its general partner

Its: President