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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number

: (954)208-0845

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 SRK GLADES SQUARE ASSOCIATES LLC

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FEB 25 2021

M. SOLOMON

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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)

State: SRK Glades Square Associates LLC	4053 Maple Rd, Ste 200		
Enter new principal office address, if applicable:			
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Amherst, NY 14226		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2. The Florida document number of this limited li 3. Jurisdiction of its organization: Delaware January Date authorized to do business in Florida: January Date authorized to do business in Florida:		2	יייי פריייייייייייייייייייייייייייייייי
eas viladi	M0000000082	2555 2575 47.575	1
2. The Florida document number of this limited in	ability company is.		
3. Jurisdiction of its organization: Delaware			,
4. Date authorized to do business in Florida: Janu	uary 13, 2000	50	
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (mu	Fruitland Commons LLC ust contain "Limited Liability Compar	ıy, " "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	ianaging members adopting the ancin	ness in Florida and attach a ate name. The alternate name	
6. If amending the registered agent and/or registered agent and/or the new registered office	ered officer address on our records, <u>er</u> address here:	ater the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida St.	reet Address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age the provisions of all statutes relative to the propand accept the obligations of my position as regional document is being filed to merely reflect a changliability company has been notified in writing of	gent and agree to act in this cupuctry. er and complete performance of my d istered agent as provided for in Chap ge in the registered office address. I h	ter 605, F.S. Or, if this	

* Page; 4 of 5

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
Title/ Capacity	Name	Address <u>T</u>	ype of Action			
**************************************			_Add			
			□Remove			
			□Add			
			Remove			
			CA ARION			
			□Remove			
and the management of the same			DAdd			
aforementioned an	the law of which this knuty is organ	the official naving custody of records in me	Remove			
	Signature of	the autiorized representative				

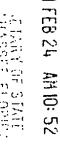
Filing Fee: \$25.00

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'SRK GLADES SQUARE ASSOCIATES LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO FRUITLAND COMMONS LLC. ON THE TENTH DAY OF FEBRUARY, A.D. 2021, AT 7:55 O'CLOCK P.M.





3157346 8320 SR# 20210606396 Authentication: 202583213

Date: 02-24-21