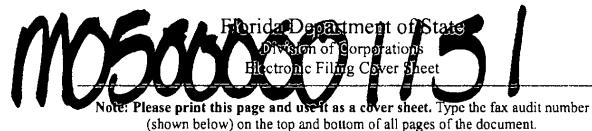
7/14/23, 12:50 PM

Division of Corporations



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Account Name : C T CORPORATION SYSTEM

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: (954)208-0845

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email #	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OAK RAMBLE APARTMENTS INVESTORS, LLC

Certificate of Status	0
Certified Copy	1
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JUL 17 2023

.15

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

3	*	SECTION I (1-4 must be completed)			
1.	Nam	ne of limited liability Company as it appears on the records of the Florida Department of			
	State	Oak Ramble Apartments Investors, L.L.C.			
En		ew principal office address, if applicable:			
		pal office address BE A STREET ADDRESS)			
(<u>M</u>	<u>ailin</u>	ew mailing address, if applicable: og address EE A POST OFFICE BOX)			
2.	The I	Florida document number of this limited liability company is: M05000001151			
3.	Juris	idiction of its organization:			
4.	Date	authorized to do husiness in Florida: 03/04/2005			
SE	CTI	ON 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."	3		
co	py of	e unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach the written consent of the managers or managing members adopting the alternate name. The alternate is intain "Limited Liability Company," "L.L.C." or "LLC.")	ame		
		Ending the registered agent and of registered officer address on our records, enter the name of the new	74		
reg	sister		?: 3		
Nε	me o	f New Registered Agent:	N		
Ne	w Re	egistered Office Address: Enter Florida Street Address			
			, Florida		
		City Zip Code			
I h the an- do:	ereby prov d acc cume	egistered Agent's Signature, if changing Registered Agent: waccept the appointment as registered agent and agree to act in this capacity. I further agree to comply wisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi wept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this must being filed to merely reflect a change in the registered office address, I hereby confirm that the limit of company has been notified in writing of this change.	ith		

3

If Changing Registered Agent, Signature of New Registered Agent

From: David Thomas

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: adding authorized signatories						
le/ Capacity	Name	Address	Type of Action			
ar V as President	Brian Soss	591 West Putnam Avenue	■Add			
		Greenwich, CT 06830	□Remo			
or Vice President	Paul Ahls	591 West Putnam Avenue	≘ Add			
		Greenwich, CT 06830	□Remo			
aging Director	James Kane	591 West Putnam Avenue	≅ Add			
		Greenwich, CT 06830	□Remo			
			□Add			
			□Remov			
			□Add			
aforemention	ned amendment(s), duly authenti under the law of which this entity		□Remov			
	Sign	ature of the authorized representative				

Filing Fee: \$25.00