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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

Fax Number : (954)208-0845

2021 JAN 11 PM 4: 49
SECRETARY OF STATES
TALLAHASSEE. FL

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

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PH 2: 4

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCG ATLAS PEMBROKE, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Help

Page: 3 cf 6

## SECTION I (1-4 must be completed)

Name of limited liability Company as it appear  State: SCG Atlas Pembroke, L.L.C.	s on the records of the Florida Department of				
Enter new principal office address, if applicable:	Bar invest Group				
(Principal office address	70) Brickell Ave Suite 2040				
MUST BE A STREET ADDRESS)	Miami, FL 33131				
Enter new mailing address, if applicable: (Mailing address)	SHOR TALL				
MAY BE A POST OFFICE ROX)	ALL ALL				
2. The Florida document number of this limited li	• — • • • • • • • • • • • • • • • • • •				
3. Jurisdiction of its organization: Delaware	<del></del> _				
4. Date authorized to do business in Florida:	uary 4, 2007				
SECTION II (5-9 complete only the applicable	changes)				
5. New name of the limited liability company: L (mu	ANDINGS APTS HOLDINGS LLC st contain "Limited Liability Company," "L.L.C.," or "L.L.C.")				
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or moust contain "Limited Liability Company," "L.I.	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name .C." or "LLC.")				
6. If amending the registered agent and/or registered agent and/or the new registered office a	red officer address on our records. enter the name of the new address here:				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida Street Address				
	, Florida				
_	City Zip Code				
the provisions of all statutes relative to the proper	ent and agree to act in this capacity. I further agree to comply with or and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limited				

From: Ranae McGr

8. If the amend	ment changes person, title or capacity in acco	ordance with 605.0902(1)(e), indicate that cha	ange:	
Title/ Capacity	Name	Address Ty	Type of Action	
Member	SCG ATLAS PEMBROKE HOLDINGS, L.L.C.	591 West Putnam Avenue	_ □Adđ	
		Greenwich, CT 06830	_ ⊠Remov	
Member	PEMBROKE HOLDINGS, L.L.C.	701 Brickell Ave Suite 2040	_ 国Add	
		Miami, FL 33131	2021 ageno	
thorized Person	James Kane	400 Galleria Parkway, Suite 1450		
		Atlanta, GA 30339	CTAY 9Remo	
Authorized Person	Herve Barbera	701 Brickell Ave Suite 2040	🗷 Add	
		Miami, FL 33131	□Remo	
			□Add	
aforementic	a certificate, if required; no more than 90 dened amendment(s), duly authenticated by the time of which this entity is organi	he official having custody of records in the	□Remo	
	See Attached. Signature of the	ne authorized representative		
	James Kane			

LANDINGS APTS HOLDINGS LLC

(formerly known as SCG ATLAS PEMBROKE, L.L.C.), a Delaware limited liability company

Name: Jame

umorized fignatory lts:

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'SCG ATLAS PEMBROKE, L.L.C.', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO LANDINGS APTS HOLDINGS LLC' ON THE EIGHTH DAY OF JANUARY, A.D. 2021, AT 10:41 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE ELEVENTH DAY OF JANUARY, A.D. 2021.

SECRETARY OF STATE



Authentication: 202258577

Date: 01-11-21