

MO7000000098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

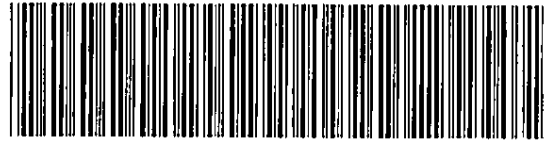
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
2024 MAY 30 AM 11:33  
SECRETARY OF STATE  
FALL AMBASSIE, FLORIDA  
MAY 15

R. HUNT

C/S/SC/24

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/30/2024

Acc#I20160000072

*eric DW*

Name:	SCG Atlas Waterways, L.L.C.
Document #:	
Order #:	15595515 - 77

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_  
 Ref# \_\_\_\_\_

Amount: \$ **55.00**

**Thank you!**

JUN 15 2024  
 10:15 AM

**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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SCG Atlas Waterways, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: \_\_\_\_\_

*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M07000000098

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/4/2007

**SECTION 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.")

*(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")*

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

**Florida**

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

1. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

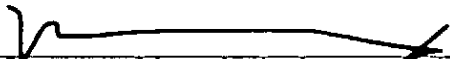
\_\_\_\_\_

2. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Paul Ahls</u>	<u>591 W. Putnam Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Greenwich, CT 06830</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Brian Soss</u>	<u>591 W. Putnam Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Greenwich, CT 06830</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Andres Panza</u>	<u>591 W. Putnam Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Greenwich, CT 06830</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Steven Post</u>	<u>591 W. Putnam Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Greenwich, CT 06830</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Harry Rummell</u>	<u>591 W. Putnam Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Greenwich, CT 06830</u>	<input type="checkbox"/> Remove

Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative  
 Nick Antonopoulos  
 \_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**

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1. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

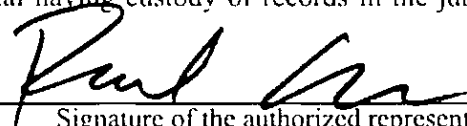
\_\_\_\_\_

2. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Authorized Signatory</u>	<u>Kellie Jackson</u>	<u>300 International Parkway, Ste 130</u>	<input checked="" type="checkbox"/> Add
		<u>Heathrow, FL 32746</u>	<input type="checkbox"/> Remove
<u>Authorized Signatory</u>	<u>Lorie O'Dell</u>	<u>300 International Parkway, Ste 130</u>	<input checked="" type="checkbox"/> Add
		<u>Heathrow, FL 32746</u>	<input type="checkbox"/> Remove
<u>Authorized Signatory</u>	<u>Rachelle Hundley</u>	<u>300 International Parkway, Ste 130</u>	<input checked="" type="checkbox"/> Add
		<u>Heathrow, FL 32746</u>	<input type="checkbox"/> Remove
<u>Authorized Signatory</u>	<u>Nelda Jones</u>	<u>1580 Sawgrass Corporate Pkwy, Ste 403</u>	<input checked="" type="checkbox"/> Add
		<u>Sunrise, FL 33323</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Paul Ahls  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

FILED  
MAR 15 2015