Division of Corporations

Page 1 of 1



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

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 LONE OAK - ROCKLEDGE, L.L.C.

Certificate of Status	0
Certified Copy	0
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S. YOUNG

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<u>.</u>

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: LONE OAK - ROCKLEDGE, L.L.C.	·	
Name of Foreign	Limited Liability Con	рапу
Dear Sir or Madam:		
The enclosed application, certificate and fee(s)	ere submitted for filing.	
Please return all correspondence concerning this	matter to the following	្
BBTH HIPPMAN		
Name of Person		
LONE OAK - ROCKLEDGE, L.L.C.		
Firm/Company		2 30
6250 N. RIVER ROAD, SUITE 9000		li.
Address		
ROSEMONT, IL 60018		
City/State and Zip Code		-
BHIPPMAN@REYESHOLDINGS.COM		:
E-mail address; (to be used for future annual	eport notification)	
For further information concerning this matter, p	lease call:	
BETH HIPPMAN	at (847) 227-66	36
Name of Person	Area Code & Daytin	ne Telephone Number
STREET/COURIER ADDRESS:		ING ADDRESS:
Registration Section Division of Corporations	Regist Divisio	ration Section on of Corporations
Clifton Building		lox 6327
2661 Executive Center Circle Taliahassee, Florida 32301	Tallah	assee, Florida 32314
-		
Enclosed is a check for the following amount: \$\square\$\$ \$25 \text{Filing Fee}\$\$\$ \$\square\$\$ \$30 \text{Filing Fee} & \text{Certificate of Status}\$\$\$	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status &
CR2E055 (12/13)	,	Certified Copy

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

SECTION I (1-3 must be completed)

 Name of limited liability Company as it appears on the records of the Florida Department State: LONE OAK - ROCKLEDGE, L.L.C. 	nt of		
2. Jurisdiction of its organization: DELAWARE			
3. Date authorized to do business in Fforida: 1/24/2011			
SECTION II (4-7 complete only the applicable changes)			
4. New name of the limited liability company: LONE OAK - HOMESTEAD, L.L.C. (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 alto the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C. or "LLC.") 5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	pting		
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), in that change:	idicate		
 Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of recor jurisdiction under the law of which this entity is organized. 	ds in the		
with		ĴĨŨ	
Signature of the authorized representative	.:		
KURT ROEMER - CHIEF FINANCIAL OFFICER		0	
Typed or printed name of signes	i≒a.•		
Filing Rept \$25.00		Ç	

Delaware

DACE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LONE OAK - ROCKLEDGE, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LONE OAK - HOMESTEAD, L.L.C.", THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2014, AT 5:56 O'CLOCK P.M.

SECRED - 4 - 27 4: 00

4930672 8320

141484991

191909991
You may varify this certificate online at corp.delaware.gov/authvor.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTACATION: 1920847

DATE: 12-04-14