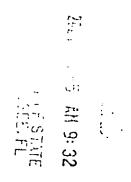
## M13000004148

(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



200422603392







CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 299971 752747

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: January 31, 2024

ORDER TIME : 8:50 AM

ORDER NO. : 299971-010

CUSTOMER NO: 7527475

FOREIGN FILINGS

NAME: KMT FARM AND TIMBER COMPANY

LLC

\_\_\_\_ CORPORATE

LIMITED PARTNERSHIP

XX \_ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

## **COVER LETTER**

TO: Registration Section

Divis	sion of C	orporations					
SUBJECT:	KMT Fa	ırm and Timber Company l	.I.C				
SUBJECT.		Name of Foreig	ın Limited Lia	ability Con	npany		
Dear Sir or N	dadam:						
The enclosed	l applica	tion, certificate and fee(s)	are submitted	d for filing			
Please return	all corre	espondence concerning th	is matter to th	e followin	g:		
Patricia A. Co	osta						
	•	Name of Person		_			
Silver Compa	anies						
		Firm/Company		<del>-</del>			511.6
1001 E Telec	com Drive	•					- y ; • (-)
		Address				,-	: ان
Boca Raton,	FL 3343	11				in on	7. 12. 12.
		City/State and Zip Cod	e				 ယ လ
pcosta@silve	erco.com					. ,	. •
E-mail add	dress: (to	be used for future annua	report notific	cation)			
Fau Condonati	. Co a ti	an acusanina this mattan	wleasa colli				
Patricia A. Co		on concerning this matter.	. 561	981-5	252		
		of Person	_ at (	)	ime Telephone I	Number	
			71164 600	·	·		
	ng Addre			Street Ac	ddress: ation Section		
•	stration	Section Corporations		_	n of Corporatio	nns	
	Box 632				ntre of Tallahas		
		FL 32314			. Monroe Street		10
				Tallaha	ssee. FL 32303	ı	
Encl	osed is a	check for the following	amount:				
<b>■\$25</b> Filing		☐ \$30 Filing Fee &	□ \$55 Filin	g Fee &	☐ \$60 Filing	Fee,	
_		Certificate of Status	Certified	Сору	Certificate	e of Status ed Copy	; &
CR2E055 (9/15)	)				CCIIIR	га сору	

## 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 of	on the records of t	he Florida Departm	ent of	
State: KMT Farm and Timber Company LLC				
Enter new principal office address, if applicable: _				<del></del>
( <u>Principal office address</u> MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				6 - 4 6 - 4 7 - 7
2. The Florida document number of this limited liabi	ility company is:	M13000004148		图 3-5
3. Jurisdiction of its organization: Delaware			<u>::</u>	ý O
4. Date authorized to do business in Florida: 6/28/2	2013		TATE	32
SECTION II (5-9 complete only the applicable ch	nanges)			
5. New name of the limited liability company: The	Collection at Ba	artow, LLC		
(inust c	contain "Limited L	iability Company,	" "L.L.C.," or "	LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C."	iging members add	ransacting business opting the alternate	in Florida and a name. The aften	attach a nate nam
6. If amending the registered agent and/or registered registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the	<u>new</u>
Name of New Registered Agent:				
New Registered Office Address:				
	E	mer Florida Street	Address	
		, Flo	orida <u>Zip Coa</u>	1.
	City		Zip Coa	Te.
New Registered Agent's Signature, if changing Regi				, .

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.

1. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
tle/ Capacity	Name	Address	Type of Action		
			□Rem		
			□Add		
			-5 AD 9: 32 Rem		
			\\\_\_\_\\dd		
aforementioned amo	cate, if required: no more than 90 da endment(s), duly authenticated by the law of which this entity is preading.	e official having custody of recor-	□ Remo		

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "KMT FARM AND TIMBER
COMPANY LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "THE COLLECTION AT BARTOW, LLC" ON THE THIRTY-FIRST DAY
OF JANUARY, A.D. 2024, AT 5:19 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

ZETT -5 AM 9: 32



Authentication: 202734528

Date: 02-05-24

5272395 8320 SR# 20240352045