

M1400000 7174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

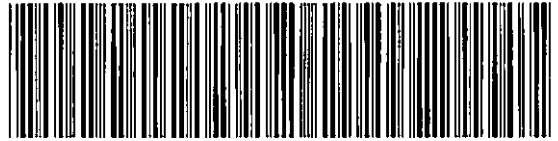
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

663.



900402123019

RECEIVED  
DIRECTOR'S OFFICE  
CORPORATIONS  
& BUSINESSES  
TALLAHASSEE, FLORIDA

2023 MAR -8 PM 4:41

2023 MAR -8 AM 9:46

of 3/13/2023



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03/08/2023

Name: Merritt Walker

Reference #: 1932218

Entity Name: AVANATH CYPRESS GP, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFICATE OF STATUS UPON FILING

PLEASE RETAIN THE ORIGINAL DATE OF  
SUBMISSION, 3/8/2023

Authorized Amount: \$30

Signature: *mw*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Avanath Cypress GP, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natalie P. Katsaras

Name of Person

Jones Walker LLP

Firm/Company

201 S. Biscayne Blvd, Suite 3000

Address

Miami, FL 33131

City/State and Zip Code

nkatsaras@joneswalker.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie P. Katsaras

Name of Person

at ( 305 ) 679-5700

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|--|--|--|



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2023

COGENCY GLOBAL

SUBJECT: AVANATH CYPRESS GP, LLC  
Ref. Number: M14000007174

We have received your document for AVANATH CYPRESS GP, LLC and the authorization to debit your account in the amount of \$30.00. However, the document has not been filed and is being returned for the following:

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 923A00005523

RECEIVED  
2023 MAR 10 AM 11:36  
DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

2023 MAR -8 AM 9:46

**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: Avanath Cypress GP, 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: M114000007174

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/03/2014

**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

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

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

Removing current members, adding new member.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Avanath AH II Holdco, Inc.	1920 Main Street, Suite 150	<input checked="" type="checkbox"/> Add
		Irvine, CA 92614	<input checked="" type="checkbox"/> Remove
MBR	Ellen L. Guccione	1920 Main Street, Suite 150	<input type="checkbox"/> Add
		Irvine, CA 92614	<input checked="" type="checkbox"/> Remove
MBR	Jun Sakumoto	1920 Main Street, Suite 150	<input type="checkbox"/> Add
		Irvine, CA 92614	<input checked="" type="checkbox"/> Remove
MBR	Wesley Wilson	1920 Main Street, Suite 150	<input type="checkbox"/> Add
		Irvine, CA 92614	<input checked="" type="checkbox"/> Remove
MBR	Avanath Affordable Housing II, LLC	1920 Main Street, Suite 150	<input type="checkbox"/> Add
		Irvine, CA 92614	<input checked="" type="checkbox"/> Remove

9. 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.

/s/ Wesley Wilson

Signature of the authorized representative

Wesley Wilson

Typed or printed name of signee

**Filing Fee: \$25.00**