M1400007475

(Re	equestor's Name)		
(Ad	ddress)		
	ddress)		
(Ad	udiess)		
(Ci	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



200292596502

11/23/16--01020--019 **25.00



S Warren NOV 28 2016



The Goodman Group Moments matter. Live them well."

TRANSMITTAL LETTER

VIA	: _ c	ourier	■ Overnight	Г	Ma	il	☑ Othe	r
To:	Division Clifton E 2661 Ex Tallahas	_	Center Circle 32301				Date:	November 22, 2016
Enc	losed ple	ase find	:					
# of	Copies	Descrip	tion					•
	1		tion By Foreign Li ate of Authority to					o file Amendment to ida
	1 ,							orida Department of State
	For Your	· Informa	ation			For	your app	roval
	Please re	eview ar	d comment		Χ	Plea	ase handl	e this directly
	As reque	ested				Plea	ase sign a	nd return to me
	As we di	scussed			X	Tha	nk you	
Kas Para Tel:	cerely, MANU sie M. Arr alegal (952) 362	1-8930	H odmangroup.com					

Patricia A. Bilich, Esq.

CC:

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: Terracina III, LLC	
	Limited Liability Company
Dear Sir or Madain:	
The enclosed application, certificate and fee(s) a	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kassie Arndt	
Name of Person	
The Goodman Group, LLC	
Firm/Company	
1107 Hazeltine Boulevard, S	uite 200
Address	
Chaska, MN 55318	
City/State and Zip Code	401-00-00-00-0
licensing@thegoodmangrou	p.com
E-mail address: (to be used for future annual r	
For further information concerning this matter, p	
Kassie Arndt	at (952) 361-8930
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\begin{align*}	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

CR2E055 (9/15)

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: Terracina III, LLC		
Enter new principal office address, if applicable:		75.a
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	HAST AST	· 图
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEE. FLORIDA	3 5 2 43
2. The Florida document number of this limited liab	oility company is: M1400007475	
3. Jurisdiction of its organization: Minnesota		
4. Date authorized to do business in Florida: 10/	15/2014	
SECTION II (5-9 complete only the applicable c	hanges)	
New name of the limited liability company: (must	contain "Limited Liability Company, " "L.L.C.," or "Ll	LC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business in Florida and attaging members adopting the alternate name. The alterna." or "LLC.")	tach a te name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad-	d officer address on our records, enter the name of the noderess here:	<u>ew</u>
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 c and accept the obligations of my position as registe	t and agree to act in this capacity. I further agree to con and complete performance of my duties, and I am familio ared agent as provided for in Chapter 605, F.S. Or, if thi in the registered office address, I hereby confirm that the	ar with

If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	<u>Name</u>	Address	Type of Action
MGR/P	John B. Goodman		Add
		1107 Hazeltine Boulevard, Suite 200, Chaska, M	IN 55318 Remo
MGR/P	Craig Edinger	1107 Hazeltine Boulevard, Suite 200, Chaska, N	⁄N 55318 ■Add
			Remo
			Add
			Remov
			Add
			Remov
			Add
Attached is	a certificate, if required: no more than 90	Adoug old avidancing the	Remov

Filing Fee: \$25.00