

1114000008141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 25 2013
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/24/16

NAME: THE DISTRICT JOINT VENTURE II LLC

TYPE OF FILING: AMENDMENT

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attache

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: THE DISTRICT JOINT VENTURE II LLC

Enter new principal office address, if applicable: 12700 Hill Country Blvd.

(Principal office address
MUST BE A STREET ADDRESS)

Suite T-200

Austin, TX 78738

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

12700 Hill Country Blvd.

Suite T-200

Austin, TX 78738

2. The Florida document number of this limited liability company is: M14000008141

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: November 10, 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: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

City

Florida 33324

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.

Mark Holloway, Asst. Secretary
If Changing Registered Agent, Signature of New Registered Agent

2016 MAY 24 A 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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