

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

****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
QUADRUN PBB LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED
2017 JUN 14 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JUN 15 2017

**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: QUADNUM PBB 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: M15000000947

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: February 5, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: AVIDA LAKES PARK, LLC
(must contain "Limited Liability Company," "LLC," 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

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TALLAHASSEE, FLORIDA

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:

Title/Capacity	Name	Address	Type of Action
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			☐ Add
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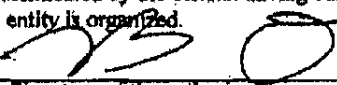
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Bryan Davis

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "QUADRUN PBB LLC",
CHANGING ITS NAME FROM "QUADRUN PBB LLC" TO "AVIDA LAKES PARK,
LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF JUNE, A.D.
2017, AT 12:04 O'CLOCK P.M.

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SECRETARY OF STATE
DELAWARE



5687139 8100
SR# 20174722394

You may verify this certificate online at corp.delaware.gov/authver.shtml

[Handwritten Signature]
Jeffrey W. Bullock, Secretary of State

Authentication: 202701702
Date: 06-13-17

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State of Delaware
Secretary of State
Division of Corporations
Delivered 11:04 PM 06/13/2017
FILED 12:04 PM 06/13/2017
SR 20174721394 - File Number: 5687139

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
QUADRUN PBB LLC**

It is hereby certified that:

1. The name of the limited liability company is **QUADRUN PBB LLC** (hereinafter called the "Company"). The filing date of the Certificate of Formation was February 4, 2015.

2. Pursuant to the Delaware Limited Liability Company Act, the Certificate of Formation of the Company is hereby amended as follows:

3. Article 1. of the Certificate of Formation of the Company is hereby deleted in its entirety and the following text is inserted in lieu thereof:

"1. The name of the limited liability company is **AVIDA LAKES PARK, LLC** (the "Company")."

4. Except as hereby amended, the Certificate of Formation of the Company shall remain unchanged.

5. This amendment shall be effective as of the date of filing of this Certificate of Amendment.

Executed on this 31 day of May, 2017.


Bryan Davis, Authorized Person

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DEPARTMENT OF REVENUE