

M15000003802

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-6300
Fax Number : (305) 347-7750

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

rcheng@shutts.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ASCEND BLUE LAGOON LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

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SECURE FILING SYSTEM
TALLAHASSEE, FLORIDA

AUG 30 2017
J. HARRIS

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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: ASCEND BLUE LAGOON 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: M15000003802

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MAY 15, 2015

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

5. New name of the limited liability company: OASIS AT BLUE LAGOON LLC
(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

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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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input 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.

Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

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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 "ASCEND BLUE LAGOON
LLC", CHANGING ITS NAME FROM "ASCEND BLUE LAGOON LLC" TO "OASIS
AT BLUE LAGOON LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH
DAY OF AUGUST, A.D. 2017, AT 4:53 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5738303 8100
SR# 20175918850

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

Authentication: 203133282
Date: 08-28-17

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State of Delaware
Secretary of State
Division of Corporations
Delivered 04:53 PM 08/28/2017
FILED 04:53 PM 08/28/2017
SR 20175918850 - File Number 5738303

**CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF FORMATION
OF
ASCEND BLUE LAGOON LLC**

The undersigned, desiring to amend the Certificate of Formation of ASCEND BLUE LAGOON LLC, a Delaware limited liability company (the "Company"), does hereby certify as follows:

- FIRST: The name of the Company is ASCEND BLUE LAGOON LLC.
- SECOND: Paragraph 1 of the Certificate of Formation of the Company is hereby amended to read in its entirety as follows:
- "1. The name of the limited liability company is Oasis at Blue Lagoon LLC (the "Company")."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment as of this 28 day of August, 2017.

ASCEND BLUE LAGOON LLC,
a Delaware limited liability company

By: ASCEND BLUE LAGOON MANAGER, LLC, a
Florida limited liability company, its Manager

By: ASCEND PROPERTIES MASTER, LLC, a
Florida limited liability company, its
Manager

By: 
Dean Borg, Manager
Ad

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