

M160000000292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

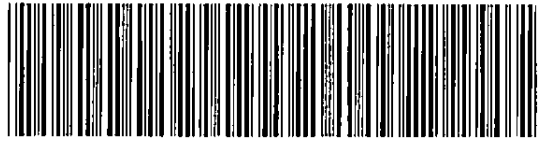
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900428481369

RECEIVED

2024 MAY 30 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2024 MAY 30 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/30/2024

Acc#120160000072

*W: C D W*

Name:	SCG ATLAS AVENTURA, L.L.C.
Document #:	
Order #:	15595515 - 33

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

**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: SCG Atlas Aventura, L.L.C.

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: M16000000292

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/12/2016

**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.*

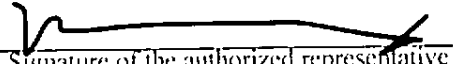
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Paul Ahls	591 W. Putnam Ave	<input checked="" type="checkbox"/> Add
		Greenwich, CT 06830	<input type="checkbox"/> Remove
AMBR	Brian Soss	591 W. Putnam Ave	<input checked="" type="checkbox"/> Add
		Greenwich, CT 06830	<input type="checkbox"/> Remove
AMBR	Andres Panza	591 W. Putnam Ave	<input checked="" type="checkbox"/> Add
		Greenwich, CT 06830	<input type="checkbox"/> Remove
AMBR	Steven Post	591 W. Putnam Ave	<input checked="" type="checkbox"/> Add
		Greenwich, CT 06830	<input type="checkbox"/> Remove
AMBR	Harry Rummell	591 W. Putnam Ave	<input checked="" type="checkbox"/> Add
		Greenwich, CT 06830	<input type="checkbox"/> Remove

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

Nick Antonopoulos

Typed or printed name of signee

Filing Fee: \$25.00

4

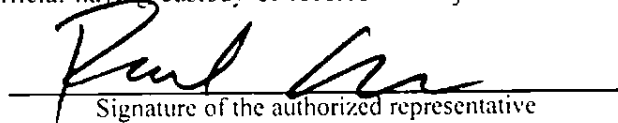
FILED  
2024 MAY 30 PM 12:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Authorized Signatory</u>	<u>Kellie Jackson</u>	<u>300 International Parkway, Ste 130</u>	<input checked="" type="checkbox"/> Add
		<u>Heathrow, FL 32746</u>	<input type="checkbox"/> Remove
<u>Authorized Signatory</u>	<u>Lorie O'Dell</u>	<u>300 International Parkway, Ste 130</u>	<input checked="" type="checkbox"/> Add
		<u>Heathrow, FL 32746</u>	<input type="checkbox"/> Remove
<u>Authorized Signatory</u>	<u>Rachelle Hundley</u>	<u>300 International Parkway, Ste 130</u>	<input checked="" type="checkbox"/> Add
		<u>Heathrow, FL 32746</u>	<input type="checkbox"/> Remove
<u>Authorized Signatory</u>	<u>Nelda Jones</u>	<u>1580 Sawgrass Corporate Pkwy, Ste 403</u>	<input checked="" type="checkbox"/> Add
		<u>Sunrise, FL 33323</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Paul Ahls

Typed or printed name of signee

Filing Fee: \$25.00

4

FILED  
2024 MAY 30 PM 12:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA