

8/24/2021

m1600000309

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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 : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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
SCG ATLAS HAMMOCKS PLACE, L.L.C.

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

FILED
2021 AUG 24 PM 1:20
TALLAHASSEE, FLORIDA

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2021 AUG 24 PM 4:54

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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 HAMMOCKS PLACE, 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: M16000000309

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/12/2016

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

5. New name of the limited liability company: SW 104TH FL PARTNERS, 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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STATE OF FLORIDA
SUNSHINE STATE
TALLAHASSEE
FILED

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>
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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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

SEE SIGNATURE PAGE ATTACHED

Typed or printed name of signee

Filing Fee: \$25.00

By: 
Name: James Kane
Its: Authorized Signatory

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SCG ATLAS HAMMOCKS PLACE, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SW 104TH FL PARTNERS, LLC" ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2021, AT 9:07 O'CLOCK A.M.

FILED
 2021 AUG 24 PM 1:21
 SECRETARY OF STATE
 FALLS CREEK, DELAWARE



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

5915037 8320
 SR# 20213063278

Authentication: 203993642
 Date: 08-24-21

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