Ta: ~18506176383



Florida Department of State

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E	• 1	Address:
CILIC	11	MUULESS.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCG ATLAS HAMMOCKS PLACE, L.L.C.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

To: +18506176383 Page: 3 of 6 2021-08-24 14:46;40 CST 19542080845 From: Ranae McGraw

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	s on the records of the Florida Department of	ſ	
State: SCG ATLAS HAMMOCKS PLACE, L.L.	C.		_
			_
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited lial	bility company is: M16000000309		
3. Jurisdiction of its organization: Delaware			_
4. Date authorized to do business in Florida; 01/12	2/2016		
SECTION II (5-9 complete only the applicable c	changes)		
5. New name of the limited liability company: SV (must	V 104TH FL PARTNERS, LLC contain "Limited Liability Company, " "L.L	C.," or "L.L.C	((,)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate name	orida and attac . The alternate	rh a name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	ldress hore:		
Name of New Registered Agent:		em No.	<u>22</u> 22
New Registered Office Address:	Enter Florida Street Addr	900 30 g	두 -
	, Florida		
	City	Zip Code	P≠ ©
New Registered Agent's Signature, if changing Red I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change is liability company has been notified in writing of the	it and agree to act in this capacity. I further a and complete performance of my duties, and cred agent as provided for in Chapter 605, F in the registered office address, I hereby con	Lam fam ili ar S. Or, if this	with P

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:						
Fitle/ Capacity	<u>Name</u>	Address	Type of Action			
			□Add			
			□Remov			
			🗆 Add			
			□Remov			
			□Remov			
			Dbd			
			⊟Remov			
			□Add			
aforementioned am	cate, if required: no more than 90 d endment(s), duly authenticated by t he law of which this entity is organi	he official having custody of records in the	□Remov			
	Signature of the	ne authorized representative				

Filing Fee: \$25.00

To: =18506176383 Page: 5 of 6 2021-08-24 14:46:40 CST 19542080845 From: Ranae McGraw

Name: Ames Kane Its: Authorized Signatory



Page 1

From: Ranae McGraw

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.

SLET LANG 24 PM 1:21



Authentication: 203993642

Date: 08-24-21