

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 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: | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCG ATLAS GATEHOUSE AT PINELAKE, L.L.C.

| Certificate of Status | 0 |
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Electronic Filing Menu Corporate Filing Menu

Help

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)

| Name of limited liability Company as it appear | | Department of | | |
|--|---|----------------------------|-------------|------------------|
| State: SCG ATLAS GATEHOUSE AT PINELA | KE, L.L.C. | | | - |
| Enter new principal office address, if applicable: | | | | - |
| (<u>Principal office address</u> 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 lia | | | | - |
| 3. Jurisdiction of its organization: Delaware | | | | - |
| 4. Date authorized to do business in Florida: $\frac{01/1}{1}$ | 2/2016 | _ | | - |
| SECTION II (5-9 complete only the applicable 5. New name of the limited liability company: $\frac{S}{\sqrt{m_{PM}}}$ | W 1ST FL PARTNERS, LLC | | | |
| (mus | st contain "Limited Liability Co | mpany, " "L.L.C.," | or "LLC. | ···) |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. | maging members adopting the a C." or "LLC.") | Iternate name. The | alternate n | igme |
| 6. If amending the registered agent and/or register registered agent and/or the new registered office a | red officer address on our record address here: | s. <u>enter the name (</u> | (() _, P | <u> </u> |
| Name of New Registered Agent: | | | <u> </u> | <u>-0</u> ਵਰ |
| New Registered Office Address: | Entar Florid | a Street Address | 1-x <1 | ≖ |
| | Islici I Wille | Florida | | 7 |
| | City | Zi | p Code | • |

New Registered Agent's Signature, if changing Registered Agent:
Thereby 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.

| 3. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change: | | | | | | | |
|--|---|---|-----------------------------------|--|--|--|--|
| tle/ Capacity | <u>Name</u> | Address | Type of Action | | | | |
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| aforementioned am | cate, if required: no more than 90 days endment(s), duly authenticated by the due law of which this entity is organized | official having custody of records in t | □Remo | | | | |
| | Signature of the a | uthorized representative | | | | | |

To: +18506176383

Page: 5 of 6

2021-08-24 14:44:36 CST

19542080845

From: Ranae McGraw

Name: James Kane

Its: Authorized Signatory

<u>Delaware</u>

Page 1

The First State

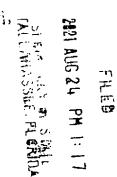
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'SCG ATLAS GATEHOUSE

AT PINELAKE, L.L.C.', FILED A CERTIFICATE OF AMENDMENT, CHANGING

ITS NAME TO 'SW 1ST FL PARTNERS, LLC' ON THE TWENTY-FOURTH DAY

OF AUGUST, A.D. 2021, AT 8:59 O'CLOCK A.M.





Authentication: 203993631

Date: 08-24-21