

M16000000318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

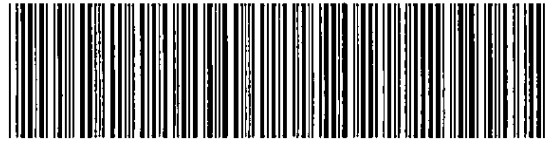
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800429642728

MAY 24 9:27

RECEIVED

2024 MAY 24 PM 1:17

FALLAHASSEE, FLORIDA

R. HUNT

5/24/24

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

**Date:** 05/24/2024

Acc#120160000072

*en: c DW*

Name:	SCG ATLAS SABAL POINTE, L.L.C.
Document #:	
Order #:	15586491

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:

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

Amount: \$ 55.00
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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 Sabal Pointe, 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: M16000000318

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: JANUARY 12, 2016

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

5. New name of the limited liability company: Sabal Pointe 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.*

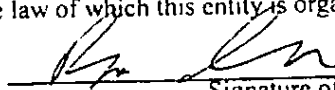
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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
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_____	_____	_____	<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

Brian Soss

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

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 "SCG ATLAS SABAL  
POINTE, L.L.C.", CHANGING ITS NAME FROM "SCG ATLAS SABAL  
POINTE, L.L.C." TO "SABAL POINTE LLC", FILED IN THIS OFFICE ON  
THE TWENTY-FOURTH DAY OF MAY, A.D. 2024, AT 10:07 O'CLOCK A.M.

MAY 24 2024  
10:07 AM



  
Jeffrey W. Bullock, Secretary of State

5914995 8100  
SR# 20242418104

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203552487  
Date: 05-24-24

**CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION**  
**OF**  
**SCG ATLAS SABAL POINTE, L.L.C.**

**May 24, 2024**

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- 1) The name of the limited liability company (the "LLC") is:

SCG Atlas Sabal Pointe, L.L.C.

- 2) The Certificate of Formation of the LLC is hereby amended so that Article 1 thereof shall read in its entirety as follows:

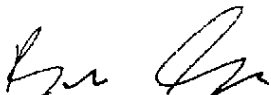
1. The name of the limited liability company (the "LLC") is:

Sabal Pointe LLC

FILED  
MAY 24 2024  
10:07 AM

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to Certificate of Formation of the LLC as of the date first above written.

**SCG ATLAS SABAL POINTE, L.L.C.,**  
a Delaware limited liability company

By:   
Name: Brian Soss  
Title: Authorized Signatory

AM 9:27  
PL