

M16000000981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

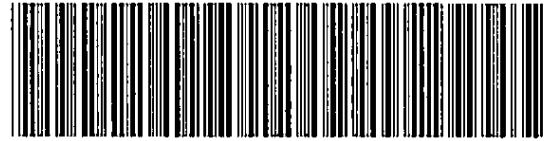
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RP Ft Lauderdale LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacqlyn Piscetelli

Name of Person

GOV Ft Lauderdale LLC

Firm/Company

390 South Liberty Street, Ste 100

Address

Winston Salem, NC 27101

City/State and Zip Code

jchoplin@hcgovtrust.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqlyn Piscetelli

at ( 336 ) 499-7379

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**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: RP Ft Lauderdale LLC

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: M16000000981

3. Jurisdiction of its organization: GA

4. Date authorized to do business in Florida: 2-4-16

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

5. New name of the limited liability company: GOV Ft Lauderdale 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*

\_\_\_\_\_  
City Florida 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)(c), 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
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_____	_____	_____	<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.

Jacqlyn Piscetelli  
Signature of the authorized representative

Jacqlyn Piscetelli  
Typed or printed name of signee

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**GOV Ft. Lauderdale, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20246209  
Date Inc./Auth./Filed: 01/14/2016  
Jurisdiction : Georgia  
Print Date : 02/12/2021  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF AMENDMENT

#### NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**RP Ft Lauderdale LLC**  
a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 10/28/2019 changing its name to

**GOV Ft. Lauderdale, LLC**  
a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on 10/30/2019.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

OFFICE OF SECRETARY OF STATE  
CORPORATIONS DIVISION

200 Bank of America Building  
Suite 1500 West Tower  
Columbus, Georgia 31904  
404-569-1234  
www.sos.ga.gov

Articles of Amendment  
to Articles of Organization

Article One

The name of the limited liability company is hereby \_\_\_\_\_

RP Ft Lauderdale LLC

Article Two

The date the original articles of organization were filed was January 14 2016

Article Three

The company hereby adopts the following amendment to change the name of the company. The new name of the company is

GOV Ft Lauderdale LLC

Article Four

(Check one and if applicable complete one of the following)

☒ The articles of amendment shall be effective upon the filing with the Secretary of State

The articles of amendment shall be effective on \_\_\_\_\_ at \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment on

10/18/2019  
Date

Jacquelyn Piscetelli  
Signature

Jacquelyn Piscetelli

Print Name

Capacity: Member

Organizer

Member

Manager

Authorized Representative

☒ Attorney-in-Fact

Email Address: jpiscetelli@hcgovtrust.com

Form CD 116  
12/15/18