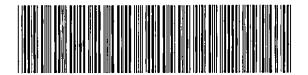
M16000007732

(Reque	estor's Name	<u>.</u>	
(Addre	ess)		
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(City/S	tate/Zip/Pho	ne #)	
PICK-UP	MAIT	MAIL MAIL	
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(Document Number)			
Certified Copies	Certificat	es of Status	
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SECRETARY OF STATE TALL AHASSEE FOR STATE

Y SULKEP RIGHT NOV 0 , 2019

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 022921 7548888
AUTHORIZATION :
COST LIMIT: \$ 25
ORDER DATE : October 24, 2019
ORDER TIME : 3:58 PM
ORDER NO. : 022921-005
CUSTOMER NO: 7548888
FOREIGN FILINGS
NAME: PWR ORLANDO, LLC
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson EXT#

EXAMINER: _____



November 5, 2019

CORPORATION SERVICE COMPANY

SUBJECT: PWR ORLANDO, LLC Ref. Number: M16000007732

We have received your document for PWR ORLANDO, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 919A00022779

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO:	Registration S Division of C			
SUBJ	ECT: PW	/R Orlando	, LLC	
		Name of Foreign	n Limited Liability Con	npany
Dear S	Sir or Madam:			
The er	iclosed applica	tion, certificate and fee(s)	are submitted for filing.	
Please	return all corre	espondence concerning this	s matter to the followin	g:
C.	Mark	Stevenson Name of Person	, Esq.	
Sh	utts &	Bowen, LI	_P	
430	1 W. Boy	y Scout Blvd., S	Suite 300	
Та	mpa,	FL 33607		
		City/State and Zip Code		
ms	steven	son@shutt	s.com	
For fur	ther informatio	be used for future annual of the concerning this matter, p	please call:	
Ma	ark Ste	evenson	at (813 , 22	7-8116
	Name	of Person	·	me Telephone Number
	Registration S Division of Co Clifton Buildin	orporations ng e Center Circle	Regiss Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314
	ed is a check for Filing Fee	or the following amount: \$30 Filing Fee & Certificate of Status	S55 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	
Enter new principal office address, if applicable:	2023 W. Platt Street, Suite 209
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida 33606
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2023 W. Platt Street, Suite 209 Tampa, Florida 33606
2. The Florida document number of this limited lia	bility company is: M16000007732
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar	changes) Pineywoods Realty Referrals LLC contain "Limited Liability Company," "L.L.C." or "LLC.") for the purpose of transacting business in Florida and each a maging members adopting the alternate name. The alternate name
must contain "Limited Liability Company," "L.L.C. 6. If amending the registered agent and/or registere registered agent and/or the new registered office ad Name of New Registered Agent:	d officer address on our records, enter the name of the new
New Registered Office Address:	Enter Florida Street Address
	, Florida
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	at and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with cred agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	Name	Address Type of Action		
MGR	Ryan Chamblee	2023 W. Platt Street, Suite 209		
		Tampa, Florida 33606 _{□ Remo}		
MGR Michael Griffin	2023 W. Platt Street, Suite 209			
		Tampa, Florida 33606		
		Add		
		Remo		
<u> </u>		Add		
		Remov		
		Add		
		Remov		

Signature of the authorized representative

C. Mark Stevenson, Esq.

Typed or printed name of signee

Filing Fee: \$25.00





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 "PWR ORLANDO, LLC",

CHANGING ITS NAME FROM "PWR ORLANDO, LLC" TO "PINEYWOODS REALTY

REFERRALS LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF

OCTOBER, A.D. 2019, AT 4:04 O'CLOCK P.M.



Authentication: 203856885

Date: 10-24-19