

MILE0000009018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

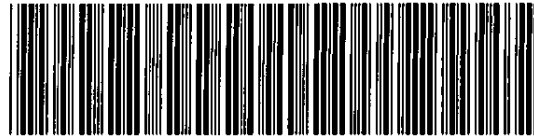
(Document Number)

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TALLAHASSEE, FLORIDA

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17 JUN - 7 PM 3:20

D. BRUCE  
JUN 09 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2017

SUNSHINE CORPORATE FILING OF FLORIDA

SUBJECT: CHESNUT PLANTATION, LLC  
Ref. Number: M16000009018

*Corrected - Please  
allow for initial  
file date.  
Thanks,  
jma*

We have received your document for CHESNUT PLANTATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist III

Letter Number: 217A0001155

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TALLAHASSEE, FLORIDA

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# SUNSHINE CORPORATE FILING OF FLORIDA

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 6-7-17  
Check No. 3731

Name: Chestnut Village LLC  
Document #: \_\_\_\_\_  
Order #: JODY NRAI

Certified Copy of  
Arts & Amend:

Plain Copy:  
Certificate of  
Good Standing:

Apostille/Notarial  
Certification:

Country of Destination: \_\_\_\_\_  
Number of Certs: \_\_\_\_\_

Filing:

Certified:

Plain:

COGS:

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TALLAHASSEE, FLORIDA

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Document \_\_\_\_\_

Amount: \$ 25

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Ref# \_\_\_\_\_

**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: Chestnut Plantation, 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

5745 SW 75th Street  
#256  
Gainesville, FL 32608

2. The Florida document number of this limited liability company is: M1600000

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/29/16

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

5. New name of the limited liability company: Chestnut Village, 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: NRAI Services Inc

New Registered Office Address: 1200 South Ave Island Rd  
Enter Florida Street Address

Plantation Florida 32321  
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.*

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

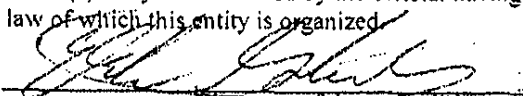
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

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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

ELAD KOHEN  
Typed or printed name of signee

Filing Fee: \$25.00

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Chesnut Plantation, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article 1. The name of the limited liability company is  
Chesnut Village, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 5th day of June, A.D. 2017.

By: 

Authorized Person(s)

Name: ELAD KOHEN

Print or Type