Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002533283)))



H170002533283ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BROAD AND CASSEL - AFFORDABLE HOUSING

Account Number : 120160000061 Phone : (407)839-4277 Fax Number : (407)839-4264

Enter the email address for this business entity to be used for furpre annual report mailings. Enter only one email address please.

Email Address:

19EF 27 AM 9:38

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHARLESFORT COMMONS TC INVESTMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	(to
Estimated Charge	\$25.00

SEP 🕽 😉 2017

Electronic Filing Menu

Corporate Filing Menu

Y SULKETIOLP

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)

State: Charlesfort Commons TC In		_
Enter new principal office address, if applicable:	4000 Key Tower	
(Principal office address	127 Public Square	
MUST BE A STREET ADDRESS)	Cleveland, Ohio 44114-1309	
Enter new mailing address, if applicable:	4000 Key Tower	
(Mailing address MAY BE A POST OFFICE BOX)	127 Public Square	
	Cleveland, Ohio 44114-1309	
2. The Florida document number of this limited lia	ability company is: M1700004444	_
3 Jurisdiction of its arganization: OHIO		
4. Date authorized to do business in Plorida: Wil	ay 24, 2017	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mu	IACKSONVILLE TO INVESTMENT, LLC : st contain "Limited Liability Company," "L.L.C.," or "LLC."	<u>c.</u>)
copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.		ch a H
registered agent and/or the new registered office;	in the second of	6. † 8
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	, Florida	
Now Registered Agent's Signature, if changing R	unictored Apent:	
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope	ent and agree to act in this capacity. I further agree to come ir and complete performance of my duties, and I am familia execut aways as provided for in Chanter 605. F.S. Or, if this	r wan

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
Title/ Capacity	Mame	Address	Type of Action		
****			∏Add		
			Remove		
	, , , , , , , , , , , , , , , , , , , ,		∧dd		
			Remove		
			Add		
			Remove # 8		
			Remove		
			Add		
aforementioned an	ficate, if required; no more than the discount of the firm of the	hy the official having custody of records in th	Remove		
jurisdiction under	the law of which this entity is or Signature	of the authorized representative			
	,	o, Managing Member			

UNITED STATES OF AMERICA, STATE OF OHIO,

OFFICE OF SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of September, A.D. 2017.

Ohio Secretary of State

Jon Husted

Validation Number: 201726801946

17 SEP 22 AM 8: 49

DATE 09/25/2017 DOCUMENT ID 201726501236

DESCRIPTION
LIMITED LIABILITY COMPANY - AMENDMENT

FILING 50 00

0.00

CERT COPY 0.00 0.00

Receipt

This is not a bill. Please do not remit payment.

MILLENNIA HOUSING MANAGEMENT 4000 KEY TOWER 127 PUBLIC SQUARE CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted 4029256

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

JACKSONVILLETC INVESTMENT, LLC

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT Effective Date: 09/22/2017 Document No(s): 201726501236-.



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of September, A.D. 2017.

Ohio Secretary of State

11 年 2年 41 8:49



Form 543A Prescribed by:

Tott Free (877) SOE-FILE (877-787-3453) Gentral Otati (014) 400-3910 www.OrsioSecretoryofState.gov

Sersan-@Dno-Secretaryo/State gov File nation or for more information, www OHBusinessOnt rol comMail this form to one of the following:

Ruguer Fáng (non expedio) PO Box 1329 Crán Lus, OH 43214

Expedite Pfing (Two business day processing time Requires an additional \$100.00) PO Mos 12(4)

COMPLEME OH 43216

Domestic Limited Liability Company Certificate of Amendment or Restatement Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)	
(1) Domestic Limited Liability Company	(2) Domestic Limited Liability Company
(Xi Amendment (129-LAM)	Restatement (142-LRA)
05/15/2017 Date of Formation	MM/DD/YYYY Date of Formation
The undersigned authorized representative of:	17 SE
CHARLESFORT COMMONS TO INVESTMENT, L	TC (2)
Name of Limited Liability Company	
4029256	A A
Registration Number	
If box (1) Amendment is checked, only complete section sections below must be completed. The name of said limited liability company shall be:	ns that apply. If box (2) Restatement is checked; all
Jacksonville TC Investment, LLC	
Name must include one of the following words or abbreviation or "itd"	iations: "timited liability company," "timited," "LLC," "L.L.C.,"
	Perpetuity Period of Existence
Purpose	
TO SERVE AS THE GENERAL PARTNER OF A LIMITE	ED PARTNERSHP OWNING REAL ESTATE.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

/s/ FRANK T. SINITO				
Signature				
D. (K]		•
By (If applicable)				
FRANK T. SINITO				
Print Name				
	,			
Signature		1		
By (if applicable)]		
				•
Print Name			; · ·	Ŧ)
				SEP
				()
Signature			71	72 Ap : :
]	7.0	(i
By (It applicable)			C. F. S.	7 SEP 27 AM B. I C
Print Name				