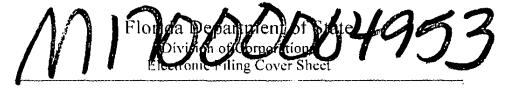
Division of Corporations

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(((H170002500413)))



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To:

Division of Corporations

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: (850)617-6393

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number: 076064003722

Phone

: (898)491-1120

Fax Number

: (954)343-6962

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

Email Address:	imiller@elrhinvestments.com		•	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RESERVE AT LAKE IRENE GP LLC

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BISION OF COMPANY OF THE STATE OF THE STATE

H17000250041

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	·	
State: RESERVE AT LAKE IRENE	GPLLC	
Enter new principal office address, if applicable:		
(<u>Principal office address</u> MUST-KE A STREET ADDRESS)		
Enter new mailing address, if applicable; (<u>Mailing address</u> MAY BE A POST OFFICE BOX)	<i>1</i> 74.	
2. The Fiorida document number of this limited liab	pility company is: M17000004953	
3. Jurisdiction of its organization. Delaware		
4. Date authorized to do business in Florida: 06/	09/2017	30
SECTION II (5-9 complete only the applicable c	figurges)	4
5. New name of the limited liability company:(must	contain "Limited Liability Company, ""L.L.C.," or "LLC."	HARDY OF COMPANY
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the alternate name. The alternate na	a Si ime 📆
If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our records, enter the name of the new dress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	, Florida	
	Clty Zip Code	
the provisions of all statutes relative to the proper to and accept the obligations of my position as registe	t and agree to act in this capacity. I further agree to comply and complete performance of my duties, and I am familiar wi ared agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limi	ith
- II CI	ranging Registered Agent, Signature of New Registered Ager	<u>11.</u>

	ment changes person, title or capacity in of David Joyce as Vice Preside	n accordance with 605 0902 (1)(e), indicate that ent of Construction	change:
Title/ Capacity	Name	Address	Type of Action
Vice President - Concruction	David Joyce	4890 W. Kennedy Blvd, Ste. 240	O Add
		Tampa, FL 33609	Remove
		•]_^dd
			Remove
			□Add
			THE SEP 22 PH 1:35
·-·-·-			口4幢 呈
			Remove
	*******		Add
		•	Remove
aforementic	certificate, if required; no more than 9 and amendment(s), duly authenticated in der the law of which this enfity is org	by the official having custody of records in the	
	h. Stanting	the authorized representative	

Filing Fee; \$25.00

H17000250041