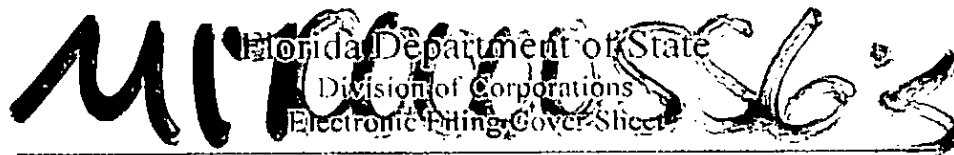


Division of Corporations

Page 1 of 2



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.

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

To: Division of Corporations
Fax Number : (850)617-6343

From: Account Name : GREENSPOON WARDER, P.A.
Account Number : 076064003727
Phone : (850)491-1120
Fax Number : (954)343-6962

FALLAHASSA, FLORIDA

2017 SEP 22 PM 8:35

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

Email Address: jmiller@elrhinvestments.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NORTHGREEN AT CARROLLWOOD GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

17

SEP 22 AM 7:32

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H17000250050

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: NORTHGREEN AT CARROLLWOOD GP 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 BOX2. The Florida document number of this limited liability company is: M170000055633. Jurisdiction of its organization: Delaware4. Date authorized to do business in Florida: 06/29/2017

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

5. New name of the limited liability company: _____
(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 office: 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_____, Florida _____
City Zip CodeNew 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

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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:

Addition of David Joyce as Vice President of Construction

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Vice President - Construction	David Joyce	4890 W. Kennedy Blvd, Ste. 240	☒ Add
		Tampa, FL 33609	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ 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.

Signature of the authorized representative

Joseph G. Luback

Typed or printed name of signer

Filing Fee: \$25.00

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