## M17000006681

(Requestor's Name)
(Address)
(Áddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

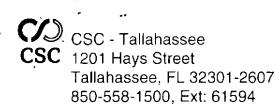
Office Use Only



500420785225

ALL/WASSET FLORIDA

CEVED AND SAME FIRE



To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 01/05/24 Order #: 1383932-3

Re: TRPF Atlantic At East Delray LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed-please-find:-

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

I2000000195 Authorization:

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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: TRPF Atlantic At East Delray 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)		
2. The Florida document number of this limited liability company is: M17000006681		
Jurisdiction of its organization:  Delaware	7674.	
4. Date authorized to do business in Florida: 8/04/2017	==	
	<del>j</del> Ul	
SECTION II (5-9 complete only the applicable changes)		ī
5. New name of the limited liability company: (must contain "Limited Liability Company." "L.L. (must contain "L. (must contain	<u>=</u> (	n-
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and copy of the written consent of the managers or managing members adopting the alternate name. The alternate contain "Limited Liability Company," "L.L.C." or "LLC.")	attach a rnate nam	ıe
6. If amending the registered agent and/or registered officer address on our records, enter the name of the registered agent and/or the new registered office address here:	e new	
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida Street Address		
, Florida, Zip Ce	<u></u>	
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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am fam and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if document is being filed to merely reflect a change in the registered office address, I hereby confirm that liability company has been notified in writing of this change.	comply wi piliar with this	

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
AP	Carlos Burneo	801 Brickell Avenue	Add
		Miami, FL 33131	
		_	Add
			Remove_
			Remove SE STATE  STATE  STATE  STATE
		<u> </u>	Remove
			□Add
aforemention	certificate, if required: no more the ned amendment(s), duly authentica ander the law of which this entity is	ted by the official having custody of records	☐Remove

Filing Fee: \$25.00