

M17000008064

(Requestor's Name)

(Address)

(Address)

(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



600361730646

2021 MAR 12 AM 9:40

2021 MAR 12 PM 2:05

O SIMMONS  
MAR 15 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 702429 147829A

AUTHORIZATION :



COST LIMIT : \$ 25.00.

ORDER DATE : March 12, 2021

ORDER TIME : 9:45 AM

ORDER NO. : 702429-005

CUSTOMER NO: 147829A

FOREIGN FILINGS

NAME: TORTUGA POINTE LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tortuga Pointe LLC  
\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Perez

\_\_\_\_\_  
Name of Person

Carroll Organization

\_\_\_\_\_  
Firm/Company

3340 Peachtree Road NE, Suite 2250

\_\_\_\_\_  
Address

Atlanta, GA 30326

\_\_\_\_\_  
City/State and Zip Code

david.perez@carrollorg.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Perez

at ( 404 ) 812-8280

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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)**

2021 MAR 12 AM 9:41

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Tortuga Pointe LLC

Enter new principal office address, if applicable: 3340 Peachtree Road NE, Suite 2250

(Principal office address

MUST BE A STREET ADDRESS)

Atlanta, GA 30326

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3340 Peachtree Road NE, Suite 2250

Atlanta, GA 30326

2. The Florida document number of this limited liability company is: M17000008064

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/21/2017

**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 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

Florida

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.*

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)(c), indicate that change:

Remove existing Sole Member and add replacement Sole Member

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Sole Member	HLC Tortuga Pointe Venture, LLC	3340 Peachtree Road NE, Ste 2250	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30326	<input type="checkbox"/> Remove
Sole Member	Tortuga Pointe Venture LLC	850 Cassatt Road, Suite 300	<input type="checkbox"/> Add
		Berwyn, PA 19312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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.

N/A per 605.0907(4): no  
amendment required in  
jurisdiction of formation

David Perez

Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00