41700009296

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
fied Copies	_ Certificates	of Status
ecial Instructions to	Filing Officer:	
		:

Office Use Only



200398250032

2023 FEB 21 PM 3: 41

RECEIVED

5/39/3083

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 5143067 4341431
REFERENCE : 514306 4341431 AUTHORIZATION : \$25.00
COST LIMIT : \$ 25.00
ORDER DATE : February 21, 2023
ORDER TIME : 2:19 PM
ORDER NO. : 514306-005
CUSTOMER NO: 4341431
FOREIGN FILINGS
NAME: COVE HOME SALES- VENTURE I, LLC
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Evliena Baker EXT#

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

2023 FEB 21 PH 12: 50

SECTION I (1	-4 must be	completed)
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	SECTIO!	. T(T 4 must be complete	SHOULD OF A rida Department JALL AJIASSEE, F
		rs on the records of the Flo	rida Department of LLA 14.55 EE, F
State: Cove Hom	e Sales - Venture I, LLC		
Enter new principal	office address, if applicable:		
(Principal office ad MUST BE A STRE			
Enter new mailing a (Mailing address MAY BE A POST (ddress, if applicable: OFFICE BOX)	·—·	
2. The Florida docur	nent number of this limited li	ability company is: M1700	0009296
3. Jurisdiction of its	organization: Delaware		
4. Date authorized t	o do business in Florida:	01/2017	
SECTION II (5-9 c	omplete only the applicable	changes)	
5. New name of the	limited liability company:(mus	st contain "Limited Liabilit	y Company, ""L.L.C.," or "LLC.")
copy of the written of	, enter alternate name adopte onsent of the managers or ma ed Liability Company," "L.L.	anaging members adopting	ting business in Florida and attach a the alternate name. The alternate name
6. If amending the re registered agent and	gistered agent and/or register or the new registered office a	red officer address on our r address here:	ecords, enter the name of the new
	tered Agent:		
New Registered Off	ce Address;		1 . 1 . 0
		Enter F	
		City	, Florida Zip Code
I hereby accept the a the provisions of all and accept the oblig document is being fil	statutes relative to the proper ations of my position as regis	egistered Agent: ent and agree to act in this ent and complete performance tered agent as provided for ent the registered office ad	capacity. I further agree to comply with e of my duties, and I am familiar with in Chapter 605, F.S. Or, if this dress, I hereby confirm that the limited

Title/ Capacity	<u>Name</u>	Address	Type of Action
Aanager	Timothy Stamos	2999 North 44th Street, Ste 200	B Add
		Phoenix, Arizona 85018	□Remo
P	Sally Morales	2999 North 44th Street, Ste 200	□Add
		Phoenix, Arizona 85018	■Remo
			DAdd
			🗆 Remo
			□Add
			□Remo
		□Add	
aforemention	ander the law of which this entity is o	d by the official having custody of records in the	□Remo

Filing Fee: \$25.00