## 19501000111

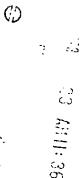
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	daress)	
(C)	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Name)	
(D	ocument Number)	
(Di	ocument Number)	
Ted Copies	Certificates o	f Status
::::al instructions to Fili	ng Officer:	
·		

Office Use Only



400400727914

TO JAN 23 AM 8: 49
SUKATE SALE FALE



( 1/24/2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 388748 4341431
AUTHORIZATION: THE BELLENON
COST LIMIT : \$ 25.00
ORDER DATE : January 20, 2023
ORDER TIME : 4:46 PM
ORDER NO. : 388748-005
CUSTOMER NO: 4341431
FOREIGN FILINGS
NAME: MEADOWLEA-VENTURE I, LLC
CORPORATE LIMITED PARTNERSHIP XX 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: Eyliena Baker EXT#

EXAMINER:

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

2023 JAN 23 AM 8: 50

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it app	pears on the records of the Florida	a Department of TALLALASSE
State: MEADOWLEA - VENTURE I, LLC		
Enter new principal office address, if applicable	le:	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limite	d liability company is: M170000	10291
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: _	December 6, 2017	
SECTION II (5-9 complete only the applica		
5. New name of the limited liability company: (I	must contain "Limited Liability C	Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name ado copy of the written consent of the managers or must contain "Limited Liability Company," "L	pted for the purpose of transacting managing members adopting the L.C." or "LLC.")	g business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	D	:1.0: :41
	Enter Flor	ida Street Address
		, Florida

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.

Title/ Capacity	Name	Address	Type of Action
Authorized Party	Colleen Edwards	2999 North 44th Street, Ste 200	BAdd
		Phoenix, Arizona 85018	□Remov
		<u> </u>	□Add
			□Remov
			□Add
			□Remov
			□Add
			□Remov
			□Add
aforemention	a certificate, if required: no more t ned amendment(s), duly authentic ander the law of which his entity	ated by the official having custody of records in the	□Remov

Filing Fee: \$25.00