## M1800006716

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



200392829652



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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	ACCOUNT NO.	:	12000000195			
	REFERENCE	:	1 1/ 3/ 1 2/			
	AUTHORIZATION	;	Equel & enan	لمسد	~)	
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NAME:	ROLLING GREEN	s c	OMMERICAL -			

## 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

VENTURA I, LLC

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

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

1. Name of limited liability Company as it a	appears on the records of the Flo	rida Department of	
State: Rolling Greens Commerical - Ventu	ire I, LLC		
Enter new principal office address, if applica	able:		
( <u>Principal office address</u> MUST BE A STREET ADDRESS)			2
(NOST BEN GINDEFTIDENESS)			2072 DEC
Enter new mailing address, if applicable: (Mailing address			
MAY BE A POST OFFICE BOX			
			<u> </u>
2. The Florida document number of this limi	ited liability company is: M1800	10006716	<u> </u>
3. Jurisdiction of its organization: Delaware	· · · · · · · · · · · · · · · · · · ·		
4. Date authorized to do business in Florida	ı:		
SECTION II (5-9 complete only the appli	icable changes)		
5. New name of the limited liability compar	nv. Rolling Greens Commercial	- Venture I, LLC	
5. New manie of the minies mainly sompa	(must contain "Limited Liabili	ty Company, " "L.L.	C.," or "LLC.")
(If name unavailable, enter alternate name accepy of the written consent of the managers must contain "Limited Liability Company,"	or managing members adopting	iting business in Flo the alternate name.	rida and attach a The alternate name
6. If amending the registered agent and/or re registered agent and/or the new registered of	egistered officer address on our r ffice address here:	ecords, <u>enter the nar</u>	ne of the new
Name of New Registered Agent:			
New Registered Office Address:			
Hew Registered Office Address:	Enter 1	Florida Street Addre	ss
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if chang I hereby accept the appointment as registere the provisions of all statutes relative to the p and accept the obligations of my position as document is being filed to merely reflect a cliability company has been notified in writing	ed agent and agree to act in this proper and complete performand registered agent as provided fo thange in the registered office ad	te of my duties, and l r in Chapter 605, F.:	I am familiar with S. Or, if this
-	If Changing Registered Agen	t, Signature of New	Registered Agent

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
horized Party	Colleen Edwards	2999 North 44th Street, Ste 200	<b>≣</b> Add
		Phoenix, AZ 85018	□Remo
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aforementio	a certificate, if required: no more than one of the nore than one of the nore than one of the nore than of the nore the law of which this entity is or the nore of	by the official having custody of records in	□Remo

Filing Fee: \$25.00