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Division of Corporations  
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Fax Number : (850)617-6383

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AQUA ISLES APARTMENTS OWNER LLC

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AQUA ISLES APARTMENTS OWNER LLC**

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December 2, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

AQUA ISLES APARTMENTS OWNER LLC  
2001 BRYAN ST, STE 3275  
DALLAS, TX 75201US

SUBJECT: AQUA ISLES APARTMENTS OWNER LLC  
REF: M18000007258

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather  
Regulatory Specialist III

FAX Aud. #: H21000439197  
Letter Number: 421A00029010

# 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: Aqua Isles Apartments Owner LLC

Enter new principal office address, if applicable: 1314 East Las Olas Blvd., #1111

(Principal office address  
MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

1314 East Las Olas Blvd., #1111

Fort Lauderdale, FL 33301

2. The Florida document number of this limited liability company is: M18000007258

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 6, 2018

## 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: Ortsac Management LLC

New Registered Office Address: 1314 East Las Olas Blvd., #1111

Enter Florida Street Address

Fort Lauderdale

Florida 33301

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

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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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ortsac Equity Isles Holdings, LLC	1314 East Las Olas Blvd., #1111	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Remove
MBR	Aqua Isles Apartments Venture LLC	4855 Technology Way, #400	<input type="checkbox"/> Add
		Boca Raton, FL 33431	<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.

Signature of the authorized representative

Robert T. Castro

Typed or printed name of signee

Filing Fee: \$25.00

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