Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383			
From:	TEN HUNDET . (GSG)GST. GSGS			
From:	Account Name : ROGERS, 10WERS, BAILEY, ET AL	:	~	
	Account Number : 076666002273		2020	
	Phone : (904)398-3911	(- ;	C#2	
	Fax Number : (904)396-0663	<u> </u>	<u> </u>	
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	**Enter the email address for this business entity to be used for future		t	
	annual report mailings. Enter only one email address please.**	*		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MATANZAS SAN SEBASTIAN INLET ARAPAHO POINT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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H20000039023

2/5

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)

State: Matanzas San Sebastian Inlet Arapaho Poi		
Enter new principal office address, if applicable:		
(<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 limited lia	ability company is: M18000011431	
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 12/1	8/2018 changes) aint Augustine 206 Interchange LLC)))
DECITO: II (5) complete only the applicable	- 11	
5. New name of the limited liability company: Samuel (mus	st contain "Limited Liability Company, ""L.L.C.," or "LLC.")	j
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")	
6. If amending the registered agent and/or registered registered agent and/or the new registered office a	red officer address on our records, enter the name of the new ddress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	, Florida City Zip Code	
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited	

If Changing Registered Agent, Signature of New Registered Agent

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
itle/ Capacity	<u>Name</u>	Address	Type of Action
			DAdd
			Remove
			□Add
			DAdd
			Remove
			□Add
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Add
aforementioned am	icate, if required: no more than 9 tendment(s), duly authenticated but he law of which this entity is org	by the official having custody of records in	□Remove

Typed or printed name of signee

Flling Fee: \$25.00

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MATANZAS SAN SEBASTIAN INLET ARAPAHO POINT LLC", CHANGING ITS NAME FROM "MATANZAS SAN SEBASTIAN INLET ARAPAHO POINT LLC" TO "SAINT AUGUSTINE 206 INTERCHANGE LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2019, AT 8:18 O'CLOCK A.M.



Authentication: 204308810 Date: 12-27-19

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5/5

State of Delaware Secretary of State Division of Corporations Delivered 08:18 AM 12/26/2019 FILED 08:18 AM 12-26/2019 SR 20198846686 - Fle Number 7168968

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

company is hereby change	ed to:
-110	
e LLC	
F, the undersigned hav	ve executed this Certific
y of December	, A.D. ²⁰¹⁹
By: Oea	an Inem
	y of December