

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : 120160000074
Phone : (407) 839-4277
Fax Number : (407) 839-4264

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLAMINGO CROSSING APARTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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19 AUG 14 PM 12:57

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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Fax Server



August 14, 2019

FLORIDA DEPARTMENT OF STATE
Division of CorporationsFLAMINGO CROSSING APARTMENTS, LLC
10100 SANTA MONICA BLVD, STE. 1000
LOS ANGELES, CA 90067USSUBJECT: FLAMINGO CROSSING APARTMENTS, LLC
REF: M19000002440

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

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist IIFAX Aud. #: H19000240899
Letter Number: 919A00016746

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flamingo Crossing Apartments, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gennives Brown

Name of Person

Nelson Mullins Broad and Cassel

Firm/Company

390 North Orange Avenue, Suite 1400

Address

Orlando, Florida 32810

City/State and Zip Code

rbachman@ForeProperty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gennives Brown

Name of Person

at (407) 839-4200

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**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: Flamingo Crossing Apartments, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000002440

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 13, 2019

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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
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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TALLAHASSEE, FLOR

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:

Title/Capacity	Name	Address	Type of Action
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Member	Harmonic Crossing Apartments Investor Holdings LLC	10100 SANTA MONICA BLVD, STE. 1000	<input checked="" type="checkbox"/> Add
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LOS ANGELES, CA 90067 ☐ Remove

Authorized Person	Fore Flamingo, LLC	600 New Hampshire Ave. NW, Suite 650	<input checked="" type="checkbox"/> Add
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Washington, D.C. 20037 ☐ Remove

Authorized Person	James P. Sullivan	600 New Hampshire Ave. NW, Suite 650	<input checked="" type="checkbox"/> Add
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Washington, D.C. 20037 ☐ Remove

Authorized Person	Christopher L. New	6965 Piazza Grande Ave., Suite 409	<input checked="" type="checkbox"/> Add
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Orlando, Florida 32835 ☐ Remove

☐ Add

☐ 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.

See attached signature page.

Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

Flamingo Crossing Apartments Investor Holdings, LLC, its
Member

By: Fore Flamingo, LLC, its Managing Member

By: 

Name: Christopher L. New

Title: a Managing Member

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CLARK COUNTY, FLORIDA
Clerk of Court