M190000834Q

(Adcress)	
(33.633)	
(Adcress)	
(City/State/Zip/Phone #1	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Opies Certificates of Status	-
ristructions to Filing Officer:	
J. HORNE MAY - 1 2023	

Office Use Only

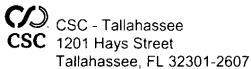


300407519813

2023 APR 28 AH III-

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850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594
Date: 04/28/23
Order #: 1208823-1
Re: Riverwalk II GP LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00

- FL State Account Number: I20000000195

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

то:	Registra Division		ction porations				
SUBJ	ECT: Riv	verwalk	II GP LLC		· · · · ·		
			Name of Fo	oreign I	Limited Lial	bility Cor	mpany
Dear S	Sir or Mad	am:					
The er	iclosed ap	plicatio	on, certificate and fo	ec(s) ar	e submitted	for filing	; .
Please	return all	corres	oondence concernin	ig this r	natter to the	followir	ាជ្ញៈ
			Name of Person			_	
			Firm/Company	_ .		_	
			Address			_	
			City/State and Zip (Code		_	
E-m	ail addres	s: (to b	e used for future an	nual re	port notifica	ition)	
For fu	rther infor	mation	concerning this ma	itter, ple	case call:		
	7	Name o	f Person	at	Area Code	_) e & Dayti	ime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed Filing Fee		heck for the follow \$30 Filing Fee & Certificate of Stati		ount: \$55 Filing Certified (☐ \$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: Riverwalk II GP LLC		
Enter new principal office address, if applicable:		2023 SEC TALL
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		2013 APR 28 SECRE LARY TALLAHASSE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	oility company is: M1900000	8342
Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 08/27		
SECTION II (5-9 complete only the applicable c		
5. New name of the limited liability company: (must	contain "Limited Liability Co	ompany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the a	business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office address.		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	F.,, F1	la Street Address
	Enter r torta	
 -	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as registed document is being filed to merely reflect a change in liability company has been notified in writing of this	t and agree to act in this capa and complete performance of a red agent as provided for in C an the registered office address	ny duties, and I am familiar with Chapter 605, F.S. Or, if this

itle/ Capacity	Name	Address	Type of Action
Authorized Person	Rebecca Schultz	401 Wilshire Blvd., Suite 1100	∃ Add
		Santa Monica, CA 90401	□Remo
····			□Add
			□Remo
			□Add
			□Remo
			□Add
			□Remo
			□Add
aforemention	inder the law of which this entity is org-	y the official having custody of records in t	□Remo

Filing Fee: \$25.00

COVER LETTER

_	•	Section Corporations				
SUBJECT:	Riverv	valk II GP LLC				
		Name of Forei	gn Limited Liab	bility Coi	npany	
Dear Sir or	Madam					
The enclose	ed applic	ation, certificate and fee(s) are submitted	for filing	ţ.	
Please retur	n all coi	respondence concerning the	nis matter to the	e followir	ng:	
		Name of Person	<u>.</u>	_		
		Firm/Company		_		
		Address		_		
		City/State and Zip Coo	le	_		
E-mail ad	ldress: (to be used for future annua	l report notifica	ation)		
For further i	informat	ion concerning this matter	, please call:			
			_ at ()		
	Nan	ne of Person		& Dayti	ime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc □\$25 Filing		a check for the following ☐ \$30 Filing Fee & Certificate of Status	amount: S55 Filing Certified C		☐ S60 Filing Fee, Certificate of Status & Certified Copy	