

111900007300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

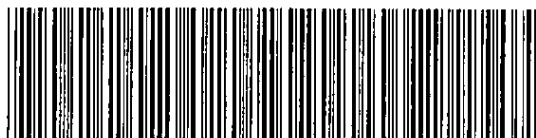
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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115 N CALHOUN ST., STE. 4
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F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date: 08/01/2024

Name: Cheyenne Davis

Reference #: 2441099

Entity Name: THE LANDMARK OPERATOR LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

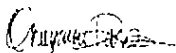
☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

STATE OF FLORIDA
TALLAHASSEE, FL
AUG 01 2024 AM 10:04

Authorized Amount: \$25.00

Signature: 

✪ CORPORATE HQ
COGENCY GLOBAL INC
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

✪ EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
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REGISTRY #3010712
6 LLOYDS AVE, UNIT 4CI
LONDON EC3N 3AX
+44 (0)20.3961.3080

✪ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

**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: The Landmark Operator, LLC

Enter new principal office address, if applicable: 770 Goodlette Rd N.

(Principal office address
MUST BE A STREET ADDRESS) Naples, FL 34102

Enter new mailing address, if applicable: 770 Goodlette Rd N.

(Mailing address
MAY BE A POST OFFICE BOX) Naples, FL 34102

2. The Florida document number of this limited liability company is: M19000009500

3. Jurisdiction of its organization: VA

4. Date authorized to do business in Florida: 10/4/2019

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

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>
<u>P</u>	<u>MCHARG, DAVID</u>	<u>8000 WESTPARK DRIVE</u>	<input type="checkbox"/> Add
		<u>MCLEAN, VA 22102</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Vencap Inspirit SE4 JV LLC</u>	<u>770 Goodlette Rd N.</u>	<input checked="" type="checkbox"/> Add
		<u>Naples, FL 34102</u>	<input 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.

/s/ Angela Huber

Signature of the authorized representative

Angela Huber

Typed or printed name of signee

2024 / 11 / 11 AM 10:04
CLERK OF STATE
TAMMSEEE, FL