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.

(((H22000033366 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 : (800)432-3622 Fax Number

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

Email Ad	ddress:				
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THIRD LAKE DESIGN & CONSTRUCTION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Corporate Filing Menu Corporate Filing Menu 93 NAL 1977

Help

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Third Lake Design & Construction, L	ıc
	n Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s)	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Christina T. Rodriguez	
Name of Person	
c/o Haynes and Boone, LLP	
Firm/Company	
2323 Victory Avenue, Suite 700	<u></u>
Address	
Dallas, Texas 75219	
City/State and Zip Cod	le
rforsythe@thirdlake.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter	, please cail:
Robert Forsythe	at () 497.8100
Name of Person	Area Code & Daytime 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 is a check for the following □\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status CR2E055 (9/15)	amount: ■ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certified Copy Certified Copy

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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: Third Lake Design & Construction, LLC			
Enter new principal office address, if applicable:	1600 E. 8th Avenue, Suite A132-A		
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Tampa, Florida 33605		
Enter new mailing address, if applicable:	1600 E. 8th Avenue, Suite A132-A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida 33605	SEGRETARIA	
2. The Florida document number of this limited lia	ability company is: M19000011179		[.
Jurisdiction of its organization: Delaware		<u>55.</u> %	
4. Date authorized to do business in Florida: Nov	rember 20, 2019	26	
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: $\frac{T}{\text{(mus)}}$	hird Lake Design & CM Services, LI st contain "Limited Liability Compa	L.C. any, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopting the alter	iness in Florida and attach a nate name. The alternate nam	ne
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, g	enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida S	trant Addrage	
	City	_, Florida Zip Code	

New Registered Agent's Signature, it 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

If the amendment c	hanges person, title or capacity	in accordance with 605.0902 (1)(c), indicate that	change:
itle/ Capacity	Name	Address	Type of Action
_			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Add
aforementioned an	icate, if required: no more that tendment(s), duly authenticate the law of which this entity is o	d by the official having custody of records in the	Remove
		pert Forsythe	
	_	e of the authorized representative	
	Rot	pert Forsythe	

Filing Fee: \$25.00

Delaware The First State

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 "THIRD LAKE DESIGN &

CONSTRUCTION, LLC", CHANGING ITS NAME FROM "THIRD LAKE DESIGN &

CONSTRUCTION, LLC" TO "THIRD LAKE DESIGN & CM SERVICES, LLC",

FILED IN THIS OFFICE ON THE FOURTH DAY OF JANUARY, A.D. 2022,

AT 3:30 O'CLOCK P.M.



7711564 8100 SR# 20220021463 Authentication: 202469855 Date: 01-24-22

You may verify this certificate online at corp.delaware.gov/authver.shtml